

MONTANA LEGISLATIVE HISTORY

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Chapter 55 19 87

Bill H _____ S 31 Original bill & history C

H. Committee on Human Services & Aging

Hearing Date(s) Feb 17 ☒ C

_____ C

_____ C

_____ C

Date Out Feb 17 ☒ C

S. Committee on Public Health, Welfare & Safety

Hearing Date(s) Jan 16 ☒ C

_____ C

_____ C

1/21 ☒ C

Did this bill originate in an interim committee? Yes No

Committee _____

Report _____

SENATE FINAL STATUS

1/08	SPONSORS ADDED		
1/13	HEARING		
1/22	COMMITTEE REPORT--BILL PASSED AS AMENDED		
1/27	2ND READING PASSED AS AMENDED	50	0
1/29	3RD READING PASSED	49	1
	TRANSMITTED TO HOUSE		
2/04	REFERRED TO LOCAL GOVERNMENT		
3/06	HEARING		
3/11	COMMITTEE REPORT--BILL CONCURRED		
3/13	2ND READING CONCURRED	91	3
3/14	3RD READING CONCURRED	94	2
	RETURNED TO SENATE		
3/19	SIGNED BY PRESIDENT		
3/20	SIGNED BY SPEAKER		
3/20	TRANSMITTED TO GOVERNOR		
3/24	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 184	EFFECTIVE DATE: 10/01/87	

SB 29 INTRODUCED BY LYNCH
 REVISE TIME FOR PRESESSION CAUCUS
 BY REQUEST OF LEGISLATIVE COUNCIL

1/05	INTRODUCED		
1/05	REFERRED TO STATE ADMINISTRATION		
1/07	HEARING		
1/08	COMMITTEE REPORT--BILL PASSED		
1/12	2ND READING PASSED	48	1
1/14	3RD READING PASSED	49	1
	TRANSMITTED TO HOUSE		
2/04	REFERRED TO RULES		
3/26	HEARING		
3/27	COMMITTEE REPORT--BILL CONCURRED		
3/28	2ND READING CONCURRED	77	0
3/30	3RD READING CONCURRED	97	0
	RETURNED TO SENATE		
4/02	SIGNED BY PRESIDENT		
4/02	SIGNED BY SPEAKER		
4/02	TRANSMITTED TO GOVERNOR		
4/07	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 385	EFFECTIVE DATE: 10/01/87	

SB 30 INTRODUCED BY HAGER
 RETURN PROPERTY TAX APPRAISAL AND ASSESSMENT TO
 COUNTY

1/02	FISCAL NOTE REQUESTED		
1/02	FISCAL NOTE RECEIVED		
1/05	INTRODUCED		
1/05	REFERRED TO TAXATION		
2/20	HEARING		
2/21	ADVERSE COMMITTEE REPORT ADOPTED	27	21
	(PROPOSED CONSTITUTIONAL AMENDMENT; PROCEEDED IN PROCESS)		
2/24	REFERRED TO TAXATION		
3/06	TABLED IN COMMITTEE		

SB 31 INTRODUCED BY JACOBSON, GILBERT, IVERSON, ET AL.
 ALLOWING DIRECT PATIENT ACCESS TO PHYSICAL THERAPY

SENATE FINAL STATUS

1/05 INTRODUCED
 1/05 REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY
 1/13 SPONSORS ADDED
 1/16 HEARING
 1/23 COMMITTEE REPORT--BILL PASSED AS AMENDED
 1/27 2ND READING PASSED 50 0
 1/29 3RD READING PASSED 50 0

TRANSMITTED TO HOUSE
 2/04 REFERRED TO HUMAN SERVICES & AGING
 2/17 HEARING
 3/02 COMMITTEE REPORT--BILL CONCURRED
 3/03 2ND READING CONCURRED 89 9
 3/04 3RD READING CONCURRED 90 7

RETURNED TO SENATE
 3/07 SIGNED BY PRESIDENT
 3/09 SIGNED BY SPEAKER

 3/09 TRANSMITTED TO GOVERNOR
 3/13 SIGNED BY GOVERNOR
 CHAPTER NUMBER 55 EFFECTIVE DATE: 10/01/87

SB 32 INTRODUCED BY KOLSTAD, BROWN, J., PHILLIPS
 CHANGING THE MEMBERSHIP OF THE CAPITOL BUILDING AND
 PLANNING COMMITTEE
 BY REQUEST OF CAPITOL BUILDING AND PLANNING
 COMMITTEE

1/05 INTRODUCED
 1/05 REFERRED TO STATE ADMINISTRATION
 1/08 HEARING
 1/08 COMMITTEE REPORT--BILL PASSED
 1/12 2ND READING PASSED 49 0
 1/14 3RD READING PASSED 50 0

TRANSMITTED TO HOUSE
 2/04 REFERRED TO LEGISLATIVE ADMINISTRATION
 2/16 HEARING
 2/16 COMMITTEE REPORT--BILL CONCURRED
 3/03 2ND READING CONCURRED 97 1
 3/04 3RD READING CONCURRED 96 0

RETURNED TO SENATE
 3/07 SIGNED BY PRESIDENT
 3/09 SIGNED BY SPEAKER

 3/09 TRANSMITTED TO GOVERNOR
 3/13 SIGNED BY GOVERNOR
 CHAPTER NUMBER 56 EFFECTIVE DATE: 3/13/87

SB 33 INTRODUCED BY LYNCH
 RESTITUTION AND SERVICE TO STORE OR COMMUNITY BY
 SHOPLIFTERS

1/05 INTRODUCED
 1/05 REFERRED TO JUDICIARY
 1/13 HEARING
 1/19 ADVERSE COMMITTEE REPORT ADOPTED 42 8
 1/19 RECONSIDERED ACTION IN ADOPTING
 ADVERSE COMMITTEE REPORT 38 12
 1/19 REREFERRED TO JUDICIARY
 1/26 TABLED IN COMMITTEE

1 SENATE BILL NO. 31

2 INTRODUCED BY JACOBSON

3
4 A BILL FOR AN ACT ENTITLED: "AN ACT ALLOWING DIRECT PATIENT
5 ACCESS TO PHYSICAL THERAPY; AND AMENDING SECTION 37-11-104,
6 MCA."

7
8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

9 Section 1. Section 37-11-104, MCA, is amended to read:

10 "37-11-104. Physical therapy -- evaluation and
11 treatment. (1) Physical therapy evaluation includes the
12 administration, interpretation, and evaluation of tests and
13 measurements of bodily functions and structures; the
14 development but--not--the--implementation of a plan of
15 treatment; consultative, educational, and other advisory
16 services; and instruction and supervision of supportive
17 personnel.

18 (2) Treatment employs, for therapeutic effects,
19 physical measures, activities and devices, for preventive
20 and therapeutic purposes, exercises, rehabilitative
21 procedures, massage, mobilization, and physical agents
22 including but not limited to mechanical devices, heat, cold,
23 air, light, water, electricity, and sound.

24 (3) The evaluation and treatment procedures listed in
25 subsection-~~(1)~~ subsections (1) and (2) may be performed by a

1 licensed physical therapist without referral from
2 physicians,--osteopaths,--dentists,--or--podiatrists,--but
3 treatment--may--be--rendered--only--to--patients-referred-by
4 physicians,--osteopaths,--dentists,--or--podiatrists."

-End-

MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE
MONTANA STATE SENATE

January 16, 1987

The meeting of the Senate Public Health, Welfare and Safety Committee was called to order by Chairman Dorothy Eck on January 16, 1987, at 1 P.M. in Room 410 of the State Capitol.

ROLL CALL: All members of the committee were present.

CONSIDERATION OF SENATE BILL NO. 31; SEN. JUDY JACOBSON, sponsor of the bill, District #36, stated that the purpose of the bill is to allow patients to have direct medical access to physical therapists without having to have a medical doctor's referral. Consumers now have direct access to practitioners in other health-related professions, such as occupational therapists, chiropractors, nutritionists, sports trainers, etc. Physical therapists believe that the medical referral system is outdated and that consumers should have direct access to them, as well. Patients would still need a doctor's referral to get Medicare-Medicaid payments. Physical therapists have concurred in amendments to the bill.

PROPONENTS: MARY MISTAL, physical therapist from Billings, gave a historical perspective on the development of the physical therapy profession. It had its modern beginnings in WW I, when doctors referred wounded soldiers for rehabilitation through physical therapy. Physical therapists first trained in hospitals, in the 1940's established certificate programs, expanded the care offered during WW II and the Korean War, and then developed degree programs. Technological advances and research have allowed for a tremendous expansion of services; and Physical Therapy education has four to six-year programs with degrees to the Ph. D. level, with specific training to meet the needs of various age groups. P.T.'s operate in hospitals, clinics, and nursing homes; eleven states have direct patient access to phys. therapists. Exhibit #1.

RICHARD GAJDOSIK, Associate Professor of Physical Therapy at the Univ. of MT, testified on several key aspects of a physical therapy student's education: students are taught procedures to evaluate needs, to recognize signs of normal and abnormal symptoms and to understand the limitations of physical therapy, and to work in cooperation with other members of the health field. The program seeks to have well-qualified students; and they produce competent, independent-thinking therapists. Exhibit #2.

CLAY EDWARDS, physical therapist, testified that the practice of physical therapy will not change dramatically; 90% will still be seen by a physician. But people in several categories will benefit: handicapped school children who get slowed in the school system through the referral to physician system, people with chronic pain, who must always get a doctor's referral, business

people who attend seminars on avoiding injury at work and ask informational questions (are physical therapists breaking the law now by conducting these seminars), and the public in general. Society is generally trying to become more physically fit. Anyone can open up shop and advise on physical fitness, nutrition, etc., except for P.T.'s, who must have a doctor's referral. The referral system has outlived its usefulness. Exhibit # 3.

GARY LUSIN, President, Montana Chapter of Physical Therapists, emphasized that physical therapists have continued to meet the needs of people through the years. People often don't need to see a physician and treatment is provided by a physical therapist. The public is recognizing the benefits of physical therapy in providing long-term solutions to health problems and learning to manage their problems themselves. Physical therapists offer cost-effective care and will continue to use the team approach. They know the limits of their profession, plus the scope of treatment will not change in Montana. They request direct patient access to their profession. Exhibit #4.

P. SCHLESINGER, M.D., Great Falls, stated that patients need more direct access to physical therapists and that should not hurt the relationship with doctors. They have direct access to other practitioners with less extensive training. Physical therapists are the most qualified to educate the public on preventive care and direct access would increase their opportunities to educate. Liability costs should not be affected because of the excellent record of care in the past. Exhibit #5.

AIMEE V. HACHIGRAA, M.D., orthopedic surgeon, testified that she has had only two weeks of training in rehabilitation in her formal education and the rest by osmosis while a physical therapist has had over four years of education in that specific field. A person in need of rehabilitation has time with a therapist every day and only one session with a doctor. The initial cost of seeing a doctor could run \$150 plus x-rays and paperwork, while the initial cost of seeing a physical therapist would be \$40 plus x-rays. Physical therapists can be covered by major medical insurance companies. Montanans often cannot afford to see doctors because of a lack of insurance coverage, while they can more easily afford to see a P.T. This may be a turf question.

W.C. SMITH, Helena podiatrist, stated that he had worked for several years with physical therapists and found that they are competent and correct in their diagnoses.

CHADENE BURKHARTSMEYER, consumer of P.T.'s, has found them to be competent in assessment of her condition and have provided her with an excellent prevention program. Public should have direct access.

DEBBIE OLSON, patient, has had to have a doctor's referral twice when she could have gone directly to the therapist.

JERRY LINDORF, physician, stated that he wants to see a qualified monitoring group for physical therapists and would like to see the addition of a physician and a member of the public to the licensing board. A physician would recognize any problems arising between doctors and physical therapists, and any actions that are grounds for discipline or malpractice would be reported to the board.

MABEL GASKILL, patient, would like to have direct access to a P.T.

STANLEY ROSENBERG, President of Rosenberg Assoc. working with Rehabilitation hospitals, has a chronic problem requiring physical therapy. He has found that qualified physical therapists have correctly treated him and he has found a doctor's referral unnecessary and expensive. He feels that the physical therapist would refer him to a doctor, if necessary. Exhibit # 6.

JUDY BIRCH, OPI, stated that sometimes needs to see a therapist while doing extensive auto traveling (she) for work. Her doctor in Great Falls is too far away to have call for referral.

CRIS VALINKETZ, Developmentally Disabled of Montana, stated that she has had to have unnecessary prescriptions from doctors for children needing physical therapy.

MONA JAMISON, LOBBYIST, Montana Association of Physical Therapists, stated that: Physical therapists have a strong educational background, including academic and clinical training with emphasis on diagnostic skills. They are practicing now within the scope of their profession. Benefits: People know quite well which health care practitioner they need. The bill should have no impact on insurance rates. The bill will not change the freedom of choice statutes, which requires that health coverage go directly to P.T.'s. The association supports the amendments, which will help P.T.'s continue their ties with the medical profession, but feels that the referral process is outdated. Exhibit # 7.

OPPONENTS: LEE HUDSON, Chiropractor, Great Falls, Board of Directors, Montana Chiropractic Association, stated that the Chiropractic Association does not feel that physical therapists have sufficient education to become portal of entry/primary health care providers, especially when their education is compared with that of chiropractors. See comparisons of training in Exhibit # 8.

GARY BLOM, President, Montana Chiropractic Association, stated that physical therapists are lacking in diagnostic and evaluation skills, particularly the use of X-ray. Many patients might be suffering from fractures or cancer that a p.t. would not detect. Therefore, it would be in the best interests of the public to approve this legislation. Exhibit # 9.

Public Health, Welfare
and Safety Committee
January 16, 1987
Page 4

BONNIE TIPPY, Montana Chiropractic Association, stated that the physical therapists' training will be upgraded to the Master's level. She questioned whether the public should be into self-diagnosis. Exhibit # 10.

KEN HASSLER, MT. Health Underwriters Association, stated that medical care is defined as that prescribed by a physician; if medical care is not prescribed by a doctor, physical therapy claims could be denied. Exhibit #11.

BOB ROBINSON, Workers compensation, stated that this bill does not address the MCA section, 33-22-11, on compensation.

DISCUSSION ON SB 31: Sen. Williams: Would passage allow a physical therapist to write a person off?
Sen. Jacobson: No.

Sen. Himsl: Testimony has not addressed the amendments, which substantially change the bill.

Sen. Jacobson: The amendments do not change the bill, but merely add to it.

Sen. Himsl: This strikes 37 and places it under Section 2.

Karen Renne: This puts the new section 2 in front of Section 1, which will become Section 3 if the amendments are added.

Sen. Meyer: What costs are involved?

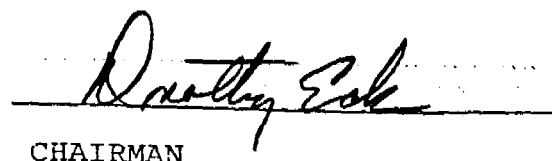
Mona Jamison: The board is already set up under Title 2, and there is sufficient funding to cover the costs of two additional members.

Sen Jacobson: To close, the Montana Medical Association is comfortable with the situation. The bill is fair and reasonable and the public is protected by having direct access. I urge a do pass.

Chairman Dorothy Eck then opened the hearing on Senate Bill #6 by calling on the bill's sponsor, Sen. Lybeck, District # 4.

Sen. Lybeck stated that only 19% of Americans have completed organ donor cards, although many more people would probably like to donate organs. This bill would allow survivors to donate a deceased's organs, if the family was comfortable with that choice. Hospitals will draw up proper protocol procedures to deal with these sensitive situations.

The meeting adjourned at 3:00 P.M.


CHAIRMAN

ROLL CALL

Public Health, Welfare and Safety COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date 1-16-87

NAME	PRESENT	ABSENT	EXCUSED
Dorothy Eck	X		
Bill Norman	X		
Bob Williams	X		
Darryl Meyer	X		
Eleanor Vaughn	X		
Tom Rasmussen	X		
Judy Jacobson	X		
Harry H. "Doc" McLane	X		
Matt Himsel	X		
Tom Hager	X		

Each day attach to minutes.

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Opp
Ray Thomas	Public Health	SB 31		✓
Henry Rowley	P.T.'s	SB 31	✓	
Charlene Salber	Physical Therapists	SB 31	✓	
Clay Edwards	P.T.	SB 31	✓	
Russ P. Luckman	Joe Luckman	SB 31	✓	
Mary Mistal	Physical Therapist	SB 31	✓	
Richard Gaydon	" "	SB 31	✓	
Aimee V. Skichigood	Orthopaedic Surgeon	SB 31	✓	
David LACMITH	Int. Public Health Assoc	SB 6	✓	
F. C. Pratt	D H E S	SB 6		
Charlene Burkhardt Meyer	Consumer of PT	SB 31	✓	
Mabel Gaskill	Self	SB 6	✓	
Mary Jo Quinn	Physical Therapist	SB 31	X	
Clairinda L. Clark	Self	SB 31	X	
Mary Loomis	Physical Therapy	SB 31	X	
Gregory Gould	Self	SB 31		
Kevin Anderson	Physical Therapist	SB 31	✓	
Mary Ellen O'Leary	" "	SB 31	✓	
Debbie Olson	Consumer of PT	SB 31	✓	
Kil Hanson	Physical Therapists	SB 31	✓	
Lorin Wright	Physical Therapist	SB 31	✓	
Bonnie Topping	Montana Chiropractic Assoc	SB 31		✓
Dr. Gary Khan	"	SB 31		✓
Dr. Lee Hudson	"	SB 31		✓
Dr. Paul Baumeyer	"	SB 21		✓
Anne Light	Int. Senior Citizen Assoc	SB 6		
Phyllis Lachis	MT. Senior Citizens	SB 6		

DATE 1-16-87 1 PM

COMMITTEE ON Public Health, Welfare Society

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One	
			Support	Opp
Cheryl Hanson	PT'S	SB31	✓	
Blukeridge, MD.		SB 31	✓	
Monna Jaramila	Int. chapter of Amer. Phys. Ther. Assoc.	SB 31	✓	
Ken Gessler	MHUA - MALU	SB 31		✓
Donna Alton	P.T.	SB 31	✓	
Chris Valensky	PTD lobbyist SL	SB 31	✓	
Janet Barnes	DX	SB 31	✓	
Bill Leary	MHA - Helena	SB 6	Amended	
Jan T. Leary	Mt. Med. Assoc.	SB 31	amended	

MONTANA CHAPTER 1-16-87OF THE BILL SB 31

AMERICAN PHYSICAL THERAPY ASSOCIATION

AN HISTORICAL PERSPECTIVE OF PHYSICAL THERAPY

Physical therapy emerged as a medical discipline following World War I. A formal program for physical rehabilitation was needed but none existed. As a result of a study of European programs for physical rehabilitation, the Division of Special Hospitals and Physical Reconstruction was established in August, 1917. Physicians developed Reconstruction Aides from physical educators and nurses to assist in rehabilitating the surviving patients with war-related injuries and disabilities from World War I.

In the early 1920's, the Reconstruction Aides organized to become the American Physiotherapy Association. These early physiotherapists, as they were known, were trained in hospitals for short periods of time to meet the needs of our country.

By the 1930's, the American Medical Association with the American Physiotherapy Association developed educational programs for physiotherapy in medical schools. As the success and reputation of physiotherapy grew, so too did its body of knowledge culminating by 1940 in certificate programs for individuals holding bachelor degrees in physical education or nursing.

During the 1940's and 50's, an Americanized designation to physical therapy from physiotherapy was made. Three significant forces (World War II, the Korean Conflict, and the polio epidemic) during this time spurred the growth of the profession. Many victims of these travesties were kept alive with physical rehabilitation becoming an integral part of their existence.

In the late 50's and early 60's, physical therapy education evolved into baccalaureate degree programs, with an increasing number of states believing it appropriate to license the practitioners of physical therapy.

By the mid-60's, public policy recognized the physical therapy profession through inclusion in the Medicare and Medicaid legislation. The physical problems of the senior citizens increased with the aging of the general population, necessitating an expansion of expertise in physical therapy.

From the mid-60's to the present, the expansion of skill, professionalism and knowledge through specialized research in physical therapy has continued. Greater amounts of work have been produced for physical therapists as the technology in medicine improves and extends lives. This has been evident in the polio epidemic survivors, in military conflict as in Vietnam, and most recently in total joint replacements and other innovative reconstruction procedures in the senior population.

By 1969, all fifty states licensed physical therapists. One year certification programs have been phased out and replaced with four and six year degree granting university programs accredited by the American Physical Therapy Association. Advanced degrees at the Master's and Doctoral levels are held by many therapists. Specialization in the areas of orthopedics, pediatrics, cardiopulmonary, sports physical therapy, and clinical electrophysiology is currently taking place with board certified specialists being named annually as the strict criteria is met.

Presently, physical therapists in Montana practice in hospitals, rehabilitation centers, school systems, private offices, industry, and nursing homes. Our knowledge and expertise includes rehabilitative skills and preventive methods promoting health and wellness.

Page Two
AN HISTORICAL PERSPECTIVE OF PHYSICAL THERAPY

Direct patient access to physical therapy is the logical step in allowing consumer choice in today's health care market. Eleven states and the U.S. Army have recognized this and have made physical therapy services directly accessible to the public.

We look for your support for direct patient access (SB 31) to continue the advancing growth of the physical therapy profession in Montana.

Respectfully submitted

Mary Mistal, P.T.

Mary Mistal, P.T.

Vice-President of the Montana
Chapter of the American Physical
Therapy Association

Richard L. Gajdosik, Associate Professor
Physical Therapy Program
University of Montana

As a representative of the Professional Physical Therapy Program at the University of Montana, I would like to speak in support of Senate Bill 31. I have been on the faculty at the University of Montana for 10 years. I helped plan and implement the Program at the University. The Program was first accredited by the American Physical Therapy Association in 1981, and is currently fully accredited.

Because we seek to prepare physical therapists to deliver services primarily in a rural setting, we select mature, highly qualified students. Their average age is 27 years, their average GPA is 3.5, and they score in the top 10% on the national professional licensing examination.

Our goal is to produce independent thinking, competent practitioners. In order to achieve this goal we prepare students to evaluate neurological, musculoskeletal, and related cardiovascular and respiratory functions of patients, and to determine the appropriate physical therapy procedures to maintain or restore strength, range of motion, and improve functional levels. The students complete coursework in anatomy, physiology, neuroanatomy, pathology, physical therapy sciences, and medical sciences. They learn the signs and symptoms of both normal and abnormal functions of the body, and they learn to identify and quantify measurable data on patients. We teach the students to perform physical therapy evaluations by first collecting subjective and objective information. After assessing this information they develop a plan of treatment. They are instructed to recognize the limits of our scope of practice, and they learn to consult with other members of the health team when questions arise or when signs and symptoms are not consistent with those of expected movement dysfunctions. Through this education physical therapists are capable of autonomous practice in close cooperation with all members in the medical field.

The increasing number of scientific research publications documented in our professional journals demonstrates that we have accepted responsibility for generating our own body of knowledge. The newest physical therapy procedures would be implemented more effectively by allowing the patient direct access to physical therapists.

The quality of the student entering our program, as well as other programs, and the direction they receive in our curriculum produce competent, independent thinking practitioners who work well in the medical community. I urge you to allow the public direct access to the expertise of physical therapists by supporting Senate Bill 31.



MONTANA CHAPTER

OF THE

AMERICAN PHYSICAL THERAPY ASSOCIATION

SENATE HEALTH & WELFARE

EXHIBIT NO. 3

DATE 1-16-82

BILL NO. SB 31

January 10, 1987

RE: Senate Bill # 31
Clay Edwards, Physical Therapist

TO: Madam Chairman and members of the Senate Public Health Committee

I want to briefly explain to you what I believe the passage of this Bill will do to the practice of physical therapy and what portion of the public will most benefit from the passage of this legislation.

During the two and one-half years that our state association has been drafting this legislation it has been, and still is, my personal belief that the practice of physical therapy will not change dramatically with the passage of this bill. We will continue to see 80-90% of our patients by means of physician referral. We will continue to have the very close working relationship we have always had with physicians.

The members of the public that will be dramatically and positively affected fall into several groups. There will be a major improvement in treatment for handicapped school children. Physical therapists are the only members of that treatment team that need a physicians referral. I personally have now waited 3½ months for a surgical report and doctors referral from a childrens hospital so I can legally and safely commence treatment for a student.

Another group that will benefit by cost and time savings by going directly to a physical therapist are those patients with chronic physical problems. Patients with arthritis, nonoperable neck and back pain, nonacute strokes and many other chronic disabilities will be able to get immediate treatment. In reality, many of these patients now go directly to the physical therapist and the referral is only a telephone call to the doctor from the therapist.

Injury prevention is rapidly becoming a major focus of business and industry. Physical therapists are ideally educated to present low back injury prevention seminars and are indeed doing so. These seminars have the potential of reducing workmens compensation claims and payments considerably. Am I currently breaking the law when I present these programs? Possibly. I certainly am when the inevitable employee remains to ask what they can do for their chronic low back problem. My statements to him are now treatment and are illegal. I believe

RE: Senate Bill #
Clay Edwards
page 2

SENATE HEALTH & WELFARE

EXHIBIT NO. 3

DATE 1-16-87

BILL NO. 3B31

physical therapists are the most qualified persons in a community to present this information but we are about the only ones that cannot lawfully do it.

The last group that I want to single out is the public in general. There is now a major emphasis on wellness and health promotion in our society. Any physical education teacher, aerobics instructor, YMCA employee, or anyone else can open shop and instruct and counsel people on diet and exercise with almost no training. In most rural Montana cities and towns, the physical therapist or physician are the most qualified persons to present this information. The physician does not have the time and this antiquated referral requirement prevents me from doing it.

I urge you to give this bill a do pass recommendation from this committee. The referral requirement for physical therapy has outlived its need and is now preventing good medicine rather than promoting it.



MONTANA CHAPTER

OF THE

AMERICAN PHYSICAL THERAPY ASSOCIATION

FOR THE HEALTH & WELFARE

EXHIBIT NO. 4

DATE 1-16-87

BILL NO. SB 31

To: Senate Public Health Committee

Re: Senate Bill 31, An Act Allowing Direct Patient Access to Physical Therapy

Understanding the benefits to the public that Senate Bill 31 can provide by allowing the public direct access to physical therapy, to a large part requires the understanding of the profession of physical therapy. What is physical therapy and what do physical therapists do?

First of all physical therapy is an integral part of the medical system. This is certainly demonstrated by our history and development over the last 68 years. Through this, the philosophy which guides physical therapy care has arisen out of medical and physical therapy research.

Physical therapy is not a new profession but rather one that is 68 years old. Through those years and as the profession has expanded physical therapists have provided a safe quality care to millions of patients. Our history indicates clearly that we have effectively treated patients and this bill will not change that particular aspect of physical therapy care. In actual practice, physical therapy care, as provided by licensed physical therapists, is done totally under the careful hands and decision making of the treating physical therapist.

Physical therapy is a profession that is rapidly expanding. Utilization is also rapidly increasing. The public, as well as other health care providers are realizing that for many patients, with a variety of problems and conditions, physical therapy provides a long term solution to their problem.

Physical therapists have considerable expertise in recognizing and treating limited bodily function resulting from musculoskeletal or neurological conditions. Physical therapy, and physical therapists, hold the philosophy of evaluating, treating, and educating patients to achieve optimum function as soon as possible. Perhaps most importantly physical therapists are able to expertly advise, and educate, individuals to understand their condition as well as how activities they do throughout the day working or recreating can effect the continued stress on the body that could result in prolonged injury. Physical therapy has an important preventive emphasis that in the long run can be very cost effective to consumers and third party payors.

- 2 -

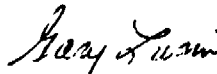
Physical therapy is a team oriented profession. We are very cognizant of the skills of other professionals and will continue to work closely with those professionals with the primary goal of quality, effective patient care. Certainly core to that team approach is continued and on-going consultation with the patient's physician.

Physical therapy is a profession made up of individuals that share the same internal and external problems and concerns as other professions. We have a vast majority of individuals that work hard to advance the profession for better patient care and certainly in the present health care environment for cost effective care.

Senate Bill 31 allowing direct patient access to physical therapy will not change the scope of physical therapy practice in Montana. Physical therapists will continue to practice physical therapy only, a field that only physical therapists are best educated in. We know our profession well and we also know the boundaries that limit our profession. The long history of our referral and communication relationship will continue with physicians and other health care providers for quality patient care. For those individuals who choose to seek the services of a physical therapist initially to address their problems, Senate Bill 31 certainly provides them that right which could result in early intervention and safe and effective outcomes.

Physical therapy is a profession that can be trusted. It is a profession that has provided considerable benefit to the public for years and it is a profession that the public should have direct access to. I urge you to support Senate Bill 31 that will allow direct patient access to physical therapy.

Respectfully,


Gary Lusin

MAGINNIS AND ASSOCIATES

DONALD F. LANG
PRES. SENATE HEALTH & WELFARE

EXHIBIT NO. 5

October 29, 1985

DATE 1-16-89

BILL NO. SB 31

Mr. Kenneth Davis
Director of the
Department of Practice
American Physical
Therapy Association
1111 North Fairfax Street
Alexandria, Virginia 22314

Re: Practice Without
Referral

Dear Ken:

Our firm as a major administrator of Professional Liability insurance for physical therapists has been monitoring claims in those jurisdictions where practice without referral is allowed. Specifically, Arizona, California, Maryland, Massachusetts, Nebraska, Nevada, North Carolina, Utah and West Virginia. It is my understanding that California and Nebraska are jurisdictions in which the therapist has been able to practice without referral for a considerable period of time. As of this writing, we have no firm evidence that practice without a referral has had a negative impact on Professional Liability claims.

It would be normal, from an underwriter's approach, to expect that when the therapist is practicing independent of the physician, claim experience might be less favorable than that where a physician is involved. Again, we do not find this to be the case at the present time. I can only suggest to you that the professional therapist utilizes every viable tool available in order to provide the patient with the best care possible. I would also suggest that in those areas where practice without referral has been allowed, the truth of the matter is that the therapist counsels with the physician in cases where there would be any questions whatever as to what might be proper in the handling of that patient. The less professional therapist is going to be more subject to losses with or without the restriction of requiring physician referral.

Serving our clients professionally for over 30 years

Reply to Chicago Office

MAIN OFFICE 332 S. MICHIGAN AVENUE • CHICAGO, ILL. • 60604 • (312) 427-1441 • ADMINISTRATIVE OFFICE 2135 WISCONSIN AVENUE • WASHINGTON D.C. • 20007

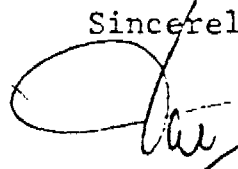
EXHIBIT NO. 5DATE 1-16-87BILL NO. SB31

Dear Ken:

October 29, 1985

The number of incidents in the entire physical therapy area has been steadily increasing, as have been the dollar values of judgments in malpractice actions. These two factors in addition to others have had a negative affect on the pricing of Professional Liability coverage for physical therapists, but again that affect seems to be across-the-board and not a function of practicing with or without a referral. It is our intent to continue to monitor our therapy program. Should we notice any significant change in those areas where practice without referral is allowed, you may be assured that we will contact your office.

Sincerely,



Donald F. Lang

DFL/cc

while I do not speak for my wife
but she received the date for testimony
I agree with it S.B.

MY NAME IS STANLEY ROSENBERG. I AM PRESIDENT OF ROSENBERG AND ASSOCIATES, A PUBLIC HEALTH CONSULTING FIRM. ~~From the first 1960~~ I HAVE WORKED IN

A REHAB. HOSPITAL FOR TWO YEARS AS A PATIENT AND STAFF EDUCATOR. IN THAT FACILITY, I WORKED IN CLOSE RELATIONSHIP ^{with} ALL STAFF.

^{Including} WITH PHYSICAL THERAPISTS AS WELL AS OCCUPATIONAL THERAPISTS. I HAVE ALSO BEEN A CONSULTANT TO NURSING HOMES AND HAVE BEEN ASSOCIATED WITH LONG TERM CARE FACILITIES SINCE THE INCEPTION OF THE LONG TERM CARE IMPROVEMENT PROGRAM INITIATED DURING THE NIXON ADMINISTRATION. THE PROGRAM WAS CANCELLED DURING THE CARTER ADMINISTRATION. I SPEAK NOW AS A CONSUMER OF PHYSICAL THERAPY SERVICES FOR MANY YEARS BECAUSE OF A CHRONIC LOW BACK PROBLEM. MY EXPERIENCE BOTH AS A CONSUMER AND AS SOMEONE WHO HAS WORKED IN HOSPITALS AND LONG TERM CARE FACILITIES, I FEEL, PROVIDE ME WITH SOME CREDIBILITY.

I BELIEVE PHYSICAL THERAPISTS WHO HAVE GRADUATED FROM ACCREDITED SCHOOLS HAVE THE KNOWLEDGE REQUIRED TO PRESCRIBE THE NEED FOR AND TREAT PATIENTS WHO ~~WILL~~ ^{CAN} BENEFIT FROM PHYSICAL THERAPY. PHYSICAL THERAPISTS ARE TAUGHT TO RECOGNIZE WHAT THEY CAN AND SHOULD NOT TREAT AND WITH THE EXCEPTION OF ORDERS RECEIVED FROM A PHYSIATRIST, ^{i.e.} A PHYSICIAN WHO SPECIALIZES IN DISEASES OF THE MUSCLES, RECEIVE ORDERS OR PRESCRIPTIONS WHICH USUALLY SAY, "PROVIDE P.T AS NECESSARY." OR, "P.T AS INDICATED" THE PHYSICAL THERAPIST THEN ~~HAS TO~~ CHOOSE THE MODALITY OF TREATMENT, I.E. HEAT, ICE, ELECTRIC STIMULATION, DEEP HEAT USING ULTRA SOUND, ~~OR~~ STRETCHING EXERCISES. ^{or whatever} IN SHORT, THE PHYSICAL THERAPIST IS TOLD BY THE REFERRING PHYSICIAN, DO WHAT YOU THINK IS NECESSARY. YOU DECIDE WHAT IS NEEDED AND DO IT. THE NEED TO SEEK A PHYSICIAN'S REFERRAL IS UNNECESSARY

SINCE NOTHING IS ACTUALLY PROVIDED THE PATIENT EXCEPT THE
ADDITIONAL COST OF REFERRAL. AND, IT IS JUST THAT, AN
ADDITIONAL COST TO THE PATIENT. ^{and Insurance Co.} IF, THE P.T. FEELS A FURTHER
EXAMINATION IS NECESSARY, OR MEDICATION IS INDICATED, SUCH AS A
MUSCLE RELAXANT, THEY WILL AND DO REFER THE PATIENT TO THE
PHYSICIAN.

IN MY OPINION, THE NEED FOR A MEDICAL REFERRAL FOR PHYSICAL
THERAPY IS ANTIQUATED PRACTICE AND SHOULD BE DISCARDED. *In fact*
what makes sense is to have the P.T. diagnose &
refer when indicated.

Medical Associates, P.C.

Family Practice

Norman A. Fox, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

John S. Patterson, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Robert J. Flaherty, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Leonard R. Ramsey, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

A Professional Corporation

SEVEN EAST BEALL, BOZEMAN, MONTANA 59715
PHONE: 406-587-5123

Pediatrics

Paul H. Visscher, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

Eric Livers, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

James R. Feist, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

Todd D. Pearson, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

SENATE HEALTH & WELFARE

EXHIBIT NO 7

DATE 1-16-87

BILL NO. SB 31

January 9, 1987

Senate Public Health Committee
Capitol Building
Helena, MT 59604

Dear Committee Members:

A bill before the Legislature would allow the public greater access to the services of Physical Therapists. Currently, the public has free access to the rudimentary physical therapy offered by Chiropractors, who lack training in traditional medical disciplines. Physical Therapists, on the other hand, are trained in and familiar with traditional medical concepts of physical therapy and could provide much more appropriate treatment for patients. If the case can be made for the public's free access to Chiropractic care, then there is no question that the public can clearly benefit from freer access to the care of registered Physical Therapists.

Sincerely,



Robert J. Flaherty, M.D.

RJF:sw

KENNETH V. EDEN, M.D.

INTERNAL MEDICINE - GASTROENTEROLOGY

DEPARTMENT OF HEALTH & WELFARE

EXHIBIT NO. 7

DATE 1-16-87

BILL SB 31

MEDICAL ARTS BLOCK
121 N. LAST CHANCE GULCH, SUITE G
HELENA, MONTANA 59601

TELEPHONE
(406) 442-1994

January 9, 1987

Members of Public Health Committee
State Senate
Helena, MT 59601

Dear Senators:

I would like to express my support for Senate Bill 31 regarding free access of patients to the care provided by Montana physical therapists.

In my own practice many patients are referred by me for evaluation by a physical therapist, and I have found them as a group to be well trained, conscientious and to render their services in a very professional manner.

In reality, many patients self refer to a physical therapists and then request authorization retrospectively. In almost all cases, I do this.

I think the present law is unrealistic and discriminates unfairly against physical therapists since patients have free access to others in the health care field such as chiropractors, acupuncturists, optometrists, naturopaths, and etc. Among these groups, I think the physical therapists are perhaps the most likely to refer patients whose problems are outside their area of expertise.

I think the risk of physical therapists failing to recognize a problem that is beyond their area of expertise is a real one but certainly no more so than it is for physicians or any other health professional. I think one must rely on professional integrity of which physical therapists as a group have demonstrated an ample amount.

Sincerely yours,

Kenneth V. Eden, M.D.

KVE/dr

ORTHOPEDIC ASSOCIATES OF BOZEMAN, P.S.C.

206 NORTH GRAND
BOZEMAN, MONTANA 59715
PHONE 587-5546

E. LEE BLACKWOOD, M.D. FRANK W. HUMBERGER, M.D. BERNARD M. VARBERG, M.D.

January 15, 1987

Legislators of the 50th Session
State of Montana
Capitol Building
Helena, MT 59620

Dear Sirs:

After reviewing Senate Bill No. 31, an Act allowing direct patient access to physical therapy and amending Section 37-11-104, M.C.A., I wish to state that I am in favor of this bill allowing physical therapists to evaluate and initiate treatment of patients without the direct prescription of services by a physician. I feel that physical therapists in general are much better trained than chiropractors who have direct access to patient evaluation and care. It has been my experience that they use good judgment in their evaluation and treatment plans and are prompt in referral if they are concerned or have a problem. I feel good in giving my unqualified support for this bill and would encourage its passage.

Sincerely,



Frank W. Humberger, M.D.

FWH/mj

Testimony - Senate Bill 31

Submitted by: Dr. Lee Hudson
Great Falls, Montana

January 16, 1987

COM. HEALTH & WELFARE

SENATE NO. 8

DATE 1-26-87

BILL NO. SB 31

Senators of this committee; good afternoon.

My name is Dr. Lee Hudson. I am a Board Eligible Chiropractic Orthopedist and a member of the Board of Directors for the Montana Chiropractic Association. I practice in Great Falls.

I would like to make it clear that we do not want to attempt to prohibit anyone from practicing the profession which they are trained for. The question at hand today is not whether the Physical Therapy profession is a worthy profession. It has a proven place in the health care community. The question we must ask today is whether the Physical Therapy profession has the education and training, most importantly in diagnosis, to become a portal of entry/primary health care provider. For the first and most important step in treating the human body is making a proper diagnosis. Only after a proper diagnosis has been made, can a treatment plan be formulated.

I have researched the similarities and differences in education between my profession (Chiropractic), and the Physical Therapy profession. I have not included the Medical profession in my research, however, Medicine and Chiropractic have comparable educational requirements.

I have obtained course curriculums from two major Physical Therapy programs, (Utah and Washington), and the curriculum of my Alma Mater (Northwestern College of Chiropractic).

1. Both Chiropractic and Physical Therapy require a minimum of two years pre-professional training.
2. Chiropractic profession training is a four year program. Physical Therapy professional training is a two year program.
3. The Physical Therapy programs researched were comprised of between 880 and 1,110 total hours of education. The Chiropractic program researched was comprised of 4,411 total hours of education. This is 4 times the total class hours.

Last but probably most importantly;

4. Chiropractic education includes 1,260 classroom hours which are directly related to diagnosis. The Physical Therapy programs researched contain between 120 and 180 hours of courses which can be related to evaluation or diagnosis.

I would also like to point out that the education of a Physical Therapist contains 0 hours in x-ray diagnosis; a very valuable tool.

Dr. J. L. Stude

CAPITAL CHIROPRACTIC CENTER

1732 PROSPECT AVENUE
HELENA, MONTANA 59601

GARY P. BLOM, DC
PHILIP A. BLOM, DC, FICC

SENATE HEALTH & WELFARE

EXHIBIT NO. 9

DATE 1-16-87

BILL NO. SB31

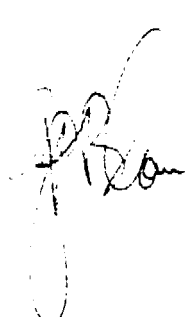
(406) 449-7458

January 14, 1987

The Montana Chiropractic Association believes that the physical therapists definitely are not qualified to diagnose or evaluate. Their education does not teach this and therefore they do not have the qualifications.

Many pathologies can mimic musculo-skeletal problems, therefore it is essential that a differential diagnosis be made. In addition to physical, neurological, and orthopedic testing, a radiographic examination should be utilized.

Physical therapists do not have the qualifications to perform or interpret x-rays. Many cancers, fractures, and other abnormalities are found through use of x-ray. These are various contraindications to using physiological therapeutics such as heat, massage, ultra-sound, and mobilization especially if certain disease processes are present. These contraindications of treatment must be pointed out through precise diagnosing. We believe that this legislation is not in the best interest of public health.



Chapter 26. THE GENERAL PHYSIOTHERAPY SUBMISSION

INTRODUCTORY

1. The New Zealand Society of Physiotherapists, in association with the New Zealand Manipulative Therapists' Association and the New Zealand Private Physiotherapists' Association, was represented at almost all hearings of the Commission. The submission of the society (Submission 75), including the material supplied in connection with it, was most useful to us. The society also helped to provide experts from overseas.

2. Although the conclusions reached by the New Zealand Society of Physiotherapists and its associated groups were not in favour of chiropractic, we should like to record that the stand taken was a constructive one. The physiotherapists saw themselves as critics of chiropractic, not enemies. It did seem, too, that some day all specialists in manual therapy, whatever their background, might be able to work together in further research. However, at present, physiotherapists are aligned with the Medical Association in opposing the provision of health benefits for chiropractic patients.

3. It was noteworthy that the group of physiotherapists specialising in manual therapy were responsible for preparing the material for the submission. They also presented it and were therefore available for cross-examination. This was valuable since, apart from the chiropractors, they were better informed on the use of manual therapy than any other group who appeared. Although, in general, they echoed the medical opposition, they were more specific and were also prepared to make suggestions about integrating chiropractic into the health system. They also saw the need for research into manual therapy.

EDUCATION OF PHYSIOTHERAPISTS

4. At this point something needs to be said about the education of physiotherapists and, in particular, of manipulative therapists since they maintain that they are capable of providing all the services now mainly performed by chiropractors.

5. A 3-year full-time course is offered for the Diploma of Physiotherapy. A third of the course (1200 hours minimum) is spent in clinical practice. The rest is made up of basic sciences, physiotherapy skills, clinical science, and elective studies. Shorter than the chiropractic course, it is also much less demanding. Those who enter training in 1979 and in subsequent years will probably have a preregistration year after graduation.

6. The education of the physiotherapist at present is the education of a paramedical. He is taught the basic sciences as a general background to his role within the framework provided by the referring medical doctor. Obviously, once he is in practice, hospital or private, his skill and confidence grow. It is in rehabilitation of the patient that the work of the physiotherapist has special importance, particularly in the hospital setting. His main methods of treatment are electro-therapy, therapeutic movement (remedial exercise), traction, massage, and mobilisation procedures. Certainly physiotherapy education, with no significant

aining in differential diagnosis, does not fit physiotherapists to be providers of primary health care. Moreover, we note that the staff of the physiotherapy schools are not highly qualified. Apart from part-time visiting staff, very few have qualifications beyond the physiotherapy diploma.

TRAINING IN MANIPULATIVE THERAPY

7. We come now to training in manipulative therapy, to use the term adopted by the physiotherapists. This is defined by them to be movement of joints beyond their normal passive range. The basics are taught early, but only in the last year is some limited instruction given in manipulation, including the joints of the spine. Both in New Zealand and in England the instruction appeared to be elementary, even crude. At St. Thomas' in London, even under Miss J. Hickling who has so much influenced New Zealand therapists, the training appeared unstructured.

8. In New Zealand, physiotherapists wishing to specialise in this field must undertake the post-graduate course arranged by the New Zealand Manipulative Therapists' Association. We have briefly discussed this in chapter 5. The course reaches the standards of the International Federation of Orthopaedic Manipulative Therapy and there is no doubt that at some New Zealand practitioners are highly skilled.

9. However, the Commission has reservations about the way in which physiotherapists as a group acquire their manipulative training. They are taught techniques at weekend courses and at certain points are sent away to practise them, unsupervised, before they are fully trained. The Commission has a similar reservation about those medical practitioners who, with even less training, in fact considerably less, undertake spinal and other manipulation. We are satisfied that the safest source of manipulative or manual therapy in New Zealand is the chiropractor.

10. The training of physiotherapists in areas other than manipulative therapy makes them very valuable members of the health team. It would seem that they should concentrate their energies on promoting before organised medicine the benefits of physical therapy, and on improving their educational standards.

CRITICISM OF CHIROPRACTIC

11. Physiotherapists oppose chiropractic because they question the scientific training of chiropractors and the scientific basis for their theories, as well as the way they shift their ground when trying to validate those theories. However, as we discuss later (chapter 38), the chiropractors' level of attainment in the basic medical sciences clearly exceeds that of the physiotherapist and approaches that of the medical graduate. We deal fully in chapter 37 with criticisms of the underlying scientific basis of chiropractic itself. As for the assertion that chiropractors "shift their ground", we have touched on the point in chapter 8, para. 17. It is an argument that leads nowhere. It can support the view that chiropractors are cultists; it can equally support the view that they have the open-minded approach of the scientist.

12. Physiotherapists criticise the single modality of the chiropractor and compare it, to the latter's disadvantage, with their own range of treatment. It is true that New Zealand chiropractors (though not necessarily North American ones) confine themselves to manual therapy whereas physiotherapists may utilise heat, light, ultra-sound, and water.

However, unless physiotherapists wish to encourage a duplication of effort, we see nothing objectionable in the chiropractor's choice of a single modality in which he specialises as long as he is fully informed of the value of physiotherapeutic methods and of the circumstances where they are indicated. An open attitude towards referral between chiropractors and physiotherapists is the best safeguard against any difficulty that might arise.

13. Manual therapy in the hands of physiotherapists, it is explained, provides treatment for the extremity joints, not just the spine. Their practitioners offer a total musculo-skeletal therapy, whereas, it is claimed, chiropractors are limited to the spine. We have already stated that current chiropractic courses provide adequate training in extremity joint procedures (see chapter 38). There is no legal impediment to chiropractors treating extremity joints, and many do.

14. Physiotherapists are convinced of the value of manipulation and argue strongly in its favour. However, they see no need for undue sophistication in this field: "It is our stance that manipulation, useful as it appears to be clinically, should not be allowed to become shrouded in unnecessary sophistication which leads to overclaim inevitably and this is particularly so with regard to techniques" (Transcript, p. 1364). Clearly there are two distinct and strongly held points of view: that of the physiotherapist and that of the chiropractor.

15. The manipulative therapist learning his techniques as he does in a fragmented fashion, first very sketchily at a physiotherapy school, then in a course spread over 3 years or more in small sections, contends that while practice is essential there is little point in over-refinement of what is only a strictly limited range of techniques. The chiropractor, on the other hand, in his 4 or even 5 years at college has a much greater and more systematic exposure to techniques. He naturally believes that the expertise he achieves before he uses these techniques, unsupervised, on his patients, must with further practice give him a greater ability to help those patients. Besides, he tends to become a specialist in the one area, the spine.

16. It is claimed that chiropractors over-refine their skill. At the same time it is alleged that their technique consists mainly of the "dynamic thrust". This is claimed to be dangerous because it is a sudden high-velocity movement, the patient cannot see what is being done, cannot resist the thrust, and is therefore at the chiropractor's mercy. Until the Commission saw chiropractors at work it imagined from such descriptions that this was the only way the chiropractor operated while the physiotherapist/manipulative therapist with his gentle articulations, extensions, or mobilisations was a very different practitioner. The truth is that while the chiropractor's movements are indeed often very quick, perhaps more so than those of the manipulative therapist, they are also usually small and precise. The most forceful manipulations we saw performed by manipulative therapists.

17. While the physiotherapists asserted that patients are now harmed by over-zealous manipulation by chiropractors, evidence in support was almost totally lacking and we find that chiropractic treatment (see chapter 15). We have no evidence which would justify us in reaching any concluded view about the safety of spinal manual therapy carried out by practitioners other than chiropractors. It is astonishing how similar some of the perfected techniques are whoever the practitioners are. It is even more astonishing how unaware they are of this similarity. However, while there are a few physiotherapists and medical practitioners who are

SB 31

ALLOWING DIRECT PATIENT ACCESS TO PHYSICAL THERAPY

TESTIMONY IN OPPOSITION OF THIS BILL BY:

MONTANA ASSOCIATION OF HEALTH UNDERWRITERS

MONTANA ASSOCIATION OF LIFE UNDERWRITERS

PREPARED BY:

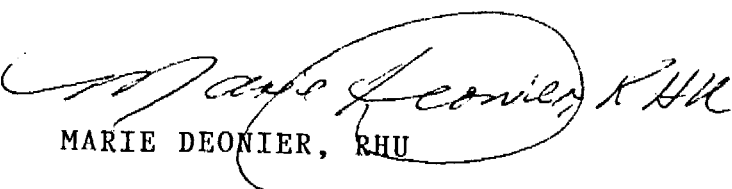
MARIE DEONIER, Registered Health Underwriter (RHU)
President, Montana Association of Health Underwriters
Chairperson Health Insurance Committee,
Montana Association of Life Underwriters
Member Legislative Committee, Montana Association
of Life Underwriters
Legislative Chairperson, Montana Association of Health
Underwriters

As claims are paid for "medically necessary care" it is our feeling that this bill will jeopardize claims payment to our clients covered by the majority of health insurance plans written within the United States.

MEDICALLY NECESSARY CARE is defined as "any confinement, treatment or service that is prescribed by a physician".

Therefore, if there is direct access to the physical therapist without having this treatment first prescribed by a physician the claim for treatment would more than likely be denied.

Therefore, on behalf of the many persons within the State of Montana who are covered by health insurance that could suffer refusal of claims payment due to this legislative action we recommend that this bill NOT BE PASSED.


MARIE DEONIER, RHU

MD/mp

WITNESS STATEMENT

EXHIBIT NO. 12

DATE 1-16-87

BILL NO. SB 31

NAME DAVID LACKMAN

ADDRESS 1400 Winne Avenue, Helena, MT 59601 443-3494 BILL NO. SB 6

DATE 1/16/87

WHOM DO YOU REPRESENT? Montana Public Health Association

SUPPORT XXX OPPOSE AMEND

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY. SB6 Requiring Hospital Administrator to request anatomical gift. (Lybeck) 1/16/87 Senate Public Health Comments: 1:00 P.M. Room 410

1. There is an acute shortage of organs for transplantation; especially kidneys.. Recently a priest in our diocese died because a kidney was not available when needed. His condition deteriorated until it became too late for one..

2. The cost, to medicaid and medicare, of the kidney dialysis program is approaching two billion dollars per year. Increased transplantations would lower this cost dramatically.

We consider this to be ~~reasonable~~ desirable legislation. It would result in making people more aware of the need for organs.

SB 31

DEFINING PUBLIC HEALTH

During the 1983 legislative session, I was asked to define public health; especially the role of the laboratory. Some legislators wondered where I would next appear. They were confused^{es,} when I promoted the public health laboratory. My first involvement in this field was in 1929. After 55 years of concern in the field of public health, perhaps my testimonials were somewhat overdrawn. Now, I have again been requested to define public health- so here goes:

PUBLIC HEALTH is the art and science of preventing disease, prolonging life, and promoting physical and mental efficiency through organized community effort. This concerns the physical, social and economic well being of all persons. Of prime importance in this effort is the PUBLIC HEALTH LABORATORY. Virological, bacteriological, serological, and physical science testing is done for the prevention and control of communicable and other diseases.* Chemical, radiological, and microbiological testing is also done to assure the safety of water, air, and the physical environment.

* e.g. hereditary diseases

A more detailed discussion of public health may be found in:
Encyclopedia Brittanica, 15th edition 1974, Macropedia V. 15
pp 202-209

David Lackman, Legislative Lobbyist, Montana Public Health

ACTION ON SB 31:

Sen. Jacobson: I move the amendments.

Sen. Himsl: I see a problem with putting two subjects in one bill. The title of the bill is the requirement of referral; the title of the amendments is the make-up of the board.

Karen Renne: There is not enough distance in the purpose of the bill and the amendments.

Sen. Jacobson: The amendments allow their board to act on problems that might arise from direct patient access. We discussed this and then accepted the Legislative Council's decision to recommend addition of the amendments.

Sen. Rassmussen: Why do doctors feel they need to be on the board?

Ans: Sen. Jacobson: Doctors are concerned about the lack of doctor referral. If an M.D. is on the board, that person can see complaints immediately. Everyone agreed that this is a reasonable change.

Sen. Hager: Will there be a significant cost to the state or patients by expanding the board from three to five?

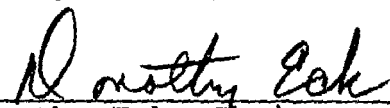
Ans. Sen. Jacobson: There will be overall less cost to the patient because of having direct access. License fees totally fund the board and the maximum would be \$900-\$1000/year.

Sen. Himsl: I went over the Physical Therapist board expenditures and they can afford it. (Per diem's and honorariums).

Sen. Eck: I will call for the question on the amendments. Seven senators voted DO PASS. Senators Hager and Himsl voted no. Sen. Jacobson moved and Sen. Williams seconded that the bill DO PASS AS AMENDED. The DO PASS was unanimous.

There being no further business, the meeting was adjourned.

en


Dorothy Eck, Chairman

STANDING COMMITTEE REPORT

Page 1 of 3

January 21, 1987

MR. PRESIDENT

We, your committee on SENATE PUBLIC HEALTH, WELFARE AND SAFETY

having had under consideration SENATE BILL No. 31

first reading copy (white)
color

ALLOWING DIRECT PATIENT ACCESS TO PHYSICAL THERAPY

Respectfully report as follows: That SENATE BILL No. 31

BE AMENDED AS FOLLOWS:

1. Title, line 4.

Following: "AN ACT"

Strike: Remainder of line 4 through "TO" in line 5

Insert: "GENERALLY REVISING THE LAWS REGULATING THE PRACTICE OF"

2. Title, line 5.

Following: "AMENDING"

Strike: "SECTION"

Insert: "SECTIONS 2-15-1858 AND"

3. Page 1, following line 3.

Insert: "Section 1. Section 2-15-1858 is amended to read:

"2-15-1858. Board of physical therapy examiners. (1)
There is a board of physical therapy examiners.

(2) The board consists of three five members appointed
by the governor with the consent of the senate for a term of
3 years. The members are:

(a) three physical therapists licensed under Title 37,
chapter 11, who have been actively engaged in the practice
of physical therapy for the 3 years preceding appointment to
the board;

BOOKINGS

BOOKINGS

CONTINUED

Chairman.

January 21

19.87

(b) one physician licensed under Title 37, chapter 3, who has been actively engaged in the practice of medicine for the 3 years preceding appointment to the board; and

(c) one member of the general public who is not a physician or a physical therapist.

(3) Each member must have been a resident of Montana and-a-practicing-physical-therapist for the 3 years preceding appointment to the board.

(4) (a) Within 30 days following July 1, 1979, the governor shall make initial appointments to the board of physical therapy examiners. He shall appoint one member each to hold office for terms of 1 year, 2 years, and 3 years, respectively. At the end of each member's appointed term, a member shall be appointed for a full 3-year term.

(b) The Montana medical association may submit names of nominees under subsection 2(b) to the governor as provided in 37-1-132.

(c) A physician and a member of the general public must be appointed to the board on or before January 1, 1988 for a 3-year term.

(5) A vacancy on the board must be filled in the same manner as the original appointment. These appointments may only be made for the unexpired portions of the term.

(6) No member may be appointed for more than two consecutive terms.

(7) The governor may remove any board member for negligence in performance of any duty required by law and for incompetence or unprofessional or dishonorable conduct.

(8) A board member is not liable to civil action for any act performed in good faith in the execution of the duties required by Title 37, chapter 11.

(9) The board shall provide for its organizational structure by rule, which shall include a chairman, vice-chairman, and secretary-treasurer.

January 21 1987

(10) The board is allocated to the department for administrative purposes only as prescribed in 2-15-121."

NEW SECTION. Section 2. Duty to report violations -- immunity from liability. (1) Notwithstanding any provision of state law regarding the confidentiality of health care information, a physical therapist shall report to the board any information that appears to show that another physical therapist is:

(a) mentally or physically unable to engage safely in the practice of physical therapy; or

(b) guilty of any act, omission, or condition that is grounds for disciplinary action under 37-11-321.

(2) There is no liability on the part of and no cause of action may arise against a physical therapist who in good faith provides information to the board as required by subsection (1)."

Re-number: subsequent section

4. Page 2, following line 4

Insert: "NEW SECTION. Section 4. Codification instruction. Section 2 is intended to be codified as an integral part of Title 37, chapter 11, and the provisions of Title 37, chapter 11 apply to section 2."

AND AS AMENDED,

DO PASS

SENATOR BOB. CHAIRMAN

Human Services And
Aging Committee
February 17, 1987
Page Seven

he began his testimony by saying if the purpose of this policy making body was to legislate the nuisance or aesthetic value of cigarette smoke out of their existence, he had no quarrel with that, but if it was to base public policy on the basis of good scientific data in the interest of public health at large, then he would ask the committee to use caution.

CONSIDERATION OF SENATE BILL NO.31:

SENATOR JUDY JACOBSON, Senate District No. 36, co-sponsor of the bill with REP. GILBERT, stated the bill was to allow direct patient access to physical therapy. She said this would eliminate referrals by physicians in some cases. The Montana Medical Association expressed concern about the bill being wide open and added the following amendments, which the physical therapists concurred with. 1) to add a physician and a public member to their board, increasing their board from 3 members to 5 members. She said the MMA would submit the nominees to the governor for the physician that would go on the board. 2) to have a mandatory reporting by physical therapists in hopes of strengthening their board.

PROPOSERS:

DR. PEGGY SCHLESINGER, Great Falls. She stated that she cares for people who have arthritis, including the majority of the children in Western Montana who have arthritis. And that all of the children who have arthritis are seen by physical therapists, and she has come to have great respect for the abilities and integrity of the physical therapists in Montana. She stated she supports the bill for two reasons, 1) it gives physical therapists more direct access to patients, and 2) it gives patients the opportunity to benefit from physical therapists without waiting for a physician's referral.

REP. LES KITSELMAN, House District No. 95, said he was speaking as parent of a son who undergoes physical therapy. He stated he felt it was ludicrous to have to get a prescription from a Doctor in order to have his son be able to get the physical therapy that he needs at the Eastern Montana Clinic.

MARY MISTAL, Physical Therapist, Billings, also representing the Montana Chapter of the American Physical Therapy Association gave the history of physical therapy. See EXHIBIT # 21.

DR. AIMEE V. HACHIGIAN, Orthopedic Surgeon, Great Falls. Dr. Hachigian related the amount of training a physical therapist receives compared to the amount of training that she had received in the field, and asked the committee who was better qualified to practice physical therapy. She stated that physical therapists are highly trained in their ability to recognize injuries that require surgical intervention. She strongly supported the bill.

CLEVELAND SMITH, Podiatrist, Helena, rose in support of the physical therapists. He said he believed fully in their abilities and their judgement.

MAUREEN STRAZDAS, Helena, a patient of Dr. Schlesinger and also of Cheryl Hanson, a physical therapist, spoke in support of direct access to a physical therapist.

JERRY LOENDORF, Montana Medical Association, spoke in support of sections 1 and 2 of the bill. He stated that being part of a profession is not just being licensed, but that there is a commensurate duty that goes with it and that is to insure that the profession is always performing for the benefit of society. He noted that section 1 of the bill expands the board to include two new members, and that section 2 requires physical therapists to report to the board any other physical therapist who is no longer able to safely engage, either for mental or physical reasons to practice physical therapy, that it also requires the physical therapist to report to the board anything they note which may be grounds for discipline, based on some act or omission a physical therapist may have participated in. He stated this particular provision applies only to physicians now, but that it should apply to all professionals.

BILL LEARY, representing the Montana Hospital Association. Mr. Leary said the MHA had taken a neutral position when the bill was in the Senate and had not changed their position. He then related to the committee that his son was a physical therapist at his own sports medicine clinic in California, where this bill is currently the law. He then explained to the committee that his son does an assessment on his patients, asking them who their attending physician is, and completes a very comprehensive report to the physician on the patient. He then stated he felt this was an excellent bill and Montana should join the 11 other states that already have direct access to physical therapists.

RICHARD GAJDOSIK, Associate Professor, representing the Physical Therapists at the University of Montana. He rose

Human Services And
Aging Committee
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Page Nine

in support of the bill. A copy of his testimony is attached as EXHIBIT # 22.

MONA JAMISON, lobbyist for the Montana Chapter of the American Physical Therapy Association. She handed out letters from doctors and physical therapists who were unable to attend the hearing in support of SB # 31. See EXHIBITS 23,24,25 and 26. She also handed out a letter from the major insurer that provide malpractice insurance for physical therapy, which states that in the 13 states where this law has been enacted there has not been an increase in premiums or in complaints, see EXHIBIT # 27. Ms. Jamison then referred to a letter that was submitted by Dr. Kenneth Eden, Helena physician, stating that the present law is unrealistic and discriminates unfairly against physical therapists. See EXHIBIT # 28. She also noted she had submitted a letter stating it was not the intent of this legislation to change the law which requires direct payments to physical therapists. See EXHIBIT # 29.

REP. BOB GILBERT, House District NO. 22, referred to the flyer entitled "Opening the Door to Physical Therapy", see EXHIBIT # 30, which shows that physical therapy is the only profession that is required to have a physician's referral. That there are many professions that are not licensed that do not require referrals. He noted that physical therapists are licensed in all 50 states, they are controlled, have been in business for many years and give excellent service. He urged the committee's approval of the bill.

OPPONENTS:

DAVID GRAY, practicing chiropractor, Missoula, said he was appearing with mixed emotions and some reluctance to speak as an opponent on the measure. He said the time is now for physical therapists to be recognized in their specialties. He noted that there had been testimony from a licensed orthopedic surgeon regarding the small amount of training that physician receive in the rendering of physical therapy, and that he agreed that a physical therapist is a highly trained individual that administers a tool of medicine.

He stated there is an issue that had not been brought out, and this is for a physical therapist to embark on a portal of entry care, he does not have the training that a physician, osteopath or chiropractor has in diagnostic evaluation. He suggested that the physical therapist embark upon some kind of re-educational program to expand their

Human Services And
Aging Committee
February 17, 1987
Page Ten

basic knowledge of the working of the human body equal to those demands that are made upon the portal of entry physicians.

DR. LEE HUDSON, member of the Board of Directors of the Montana Chiropractic Association, read his prepared statement, see EXHIBIT # 31, and also some excerpts from the Chiropractic report in New Zealand, see EXHIBIT # 32.

GARY BLOM, Helena, President of the Montana Chiropractic Association, read his prepared statement, see EXHIBIT # 33.

BONNIE TIPPY, representing the Montana Chiropractic Association read her prepared statement in opposition to SB # 31, see EXHIBIT # 34. Ms. Tippy then submitted an amendment to the bill which reads, " NEW SECTION, Section 4, Direct access certificate--prerequisite--provisional issuance. The board shall, upon request, issue a direct access certificate to any of its licensees who holds a master's degree or has completed equivalent academic study of physical therapy beyond the bachelor's degree in physical therapy. Prior to October 1, 1988, the board may issue a provisional direct access certificate to any of its licensees who holds a bachelor's degree in physical therapy and who has worked in this state as a physical therapist for at least one year. Those persons granted provisional direct access certificates must earn the master's degree in physical therapy within 5 years after October 1, 1987. Physical therapists holding provisional direct access certificates who have not qualified for the direct access certificate by October 1, 1992 may not thereafter provide treatment without referral under 37-11-104 (2), but may continue to perform physical therapy evaluation without referral and physical therapy treatment with referral from a physician, osteopath, dentist, or podiatrist." Ms. Tippy also submitted a list of Universities that offer Masters Degrees in Physical Therapy. See EXHIBIT # 35.

SENATOR JACOBSON closed by noting that although she had been working closely with all of the people who testified, she had not been aware that there was a proposed amendment to the bill until the hearing today. She then reminded the committee that the Montana Medical Association was in agreement with the bill, although some physicians may not be. She also commented there had been testimony that this law was unprecedented. She stated that the legislature had given the same privilege to the occupational therapists during the 1985 session. She concluded with stating she felt it was a fair bill and that the physical

Human Services And
Aging Committee
February 17, 1987
Page Eleven

therapists should not be discriminated against as far as other groups are concerned. She asked the committee to ignore the amendment that had been submitted because she didn't think it was necessary, timely or had a lot to do with the bill.

QUESTIONS FROM THE COMMITTEE:

In response to a question from REP. NELSON, SENATOR JACOBSON stated the physical therapists would welcome a medical physician on their board.

In response to a question from REP. HANSEN, Dr. Aimee Hachigian stated she did not believe that gaining a master's degree would give a physical therapist that much more expertise in providing treatment. She said she would like to remind the committee in talking about the difference in the number of hours that a chiropractor has versus the number of hours that a physical therapist has, that the chiropractor is trained in spinal manipulation, whereas a physical therapist is trained in the treatment of the entire muscular skeletal system, all of the bones and joints in the body, and in the rehabilitation of those parts, and that is the very real difference between the two disciplines.

ADJOURNMENT: There being no further business to come before the committee the meeting was adjourned at 2:50 p.m.

R. BUDD GOULD, CHAIRMAN

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date FEBRUARY 17, 1987
12:30 P.M.

NAME	PRESENT	ABSENT	EXCUSED
REP. BUDD GOULD, CHAIRMAN	X		
REP. BOB GILBERT, VICE CHAIRMAN	X		
REP. V BROWN	X		
REP DUANE COMPTON	X		
REP. DOROTHY CODY		X	
REP. DICK CORNE'	X		
REP. LARRY GRINDE	X		
REP. STELLA JEAN HANSEN	X		
REP. LES KITSELMAN	X		
REP. LLOYD MC CORMICK	X		
REP. RICHARD NELSON	X		
REP. JOHN PATTERSON	X		
REP. ANGELA RUSSELL	X		
REP. JACK SANDS	X		
REP. BRUCE SIMON	X		
REP. CAROLYN SQUIRES	X		
REP. TONIA BRATFORD	X		
REP. BILL STRIZICH	X		



EXHIBIT _____
DATE _____
SB #31

MONTANA CHAPTER

OF THE

AMERICAN PHYSICAL THERAPY ASSOCIATION

AN HISTORICAL PERSPECTIVE OF PHYSICAL THERAPY

Physical therapy emerged as a medical discipline following World War I. A formal program for physical rehabilitation was needed but none existed. As a result of a study of European programs for physical rehabilitation, the Division of Special Hospitals and Physical Reconstruction was established in August, 1917. Physicians developed Reconstruction Aides from physical educators and nurses to assist in rehabilitating the surviving patients with war-related injuries and disabilities from World War I.

In the early 1920's, the Reconstruction Aides organized to become the American Physiotherapy Association. These early physiotherapists, as they were known, were trained in hospitals for short periods of time to meet the needs of our country.

By the 1930's, the American Medical Association with the American Physiotherapy Association developed educational programs for physiotherapy in medical schools. As the success and reputation of physiotherapy grew, so too did its body of knowledge culminating by 1940 in certificate programs for individuals holding bachelor degrees in physical education or nursing.

During the 1940's and 50's, an Americanized designation to physical therapy from physiotherapy was made. Three significant forces (World War II, the Korean Conflict, and the polio epidemic) during this time spurred the growth of the profession. Many victims of these travesties were kept alive with physical rehabilitation becoming an integral part of their existence.

In the late 50's and early 60's, physical therapy education evolved into baccalaureate degree programs, with an increasing number of states believing it appropriate to license the practitioners of physical therapy.

By the mid-60's, public policy recognized the physical therapy profession through inclusion in the Medicare and Medicaid legislation. The physical problems of senior citizens increased with the aging of the general population, necessitating an expansion of expertise in physical therapy.

From the mid-60's to the present, the expansion of skill, professionalism and knowledge through specialized research in physical therapy has continued. Greater amounts of work have been produced for physical therapists as the technology in medicine improves and extends lives. This has been evident in the polio epidemic survivors, in military conflict as in Vietnam, and most recently in total joint replacements and other innovative reconstruction procedures in the senior population.

By 1969, all fifty states licensed physical therapists. One year certificate programs have been phased out and replaced with four and six year degree granting university programs accredited by the American Physical Therapy Association. Advanced degrees at the Master's and Doctoral levels are held by many therapists. Specialization in the areas of orthopedics, pediatrics, cardiopulmonary, sports physical therapy and clinical electro-
therapy taking place with board certified specialists

Page Two

An Historical Perspective of Physical Therapy

rehabilitation centers, school systems, private offices, industry and nursing homes. Our knowledge and expertise includes rehabilitative skills and preventive methods promoting health and wellness.

Because of the continuing professionalization and reputation of physical therapists, direct patient access is a logical step in allowing consumer choice in today's health care market. Eleven states and the U.S. Army have recognized this and have made physical therapy services directly accessible to the patient. We look for your support for direct patient access (DPA) to continue the advancing growth of the physical therapy profession in Montana.

Respectfully submitted,

Mary Mistal, P.T.

Vice-President of the Montana Chapter of
the American Physical Therapy Association

EXHIBIT

DATE

BB

Richard L. Gajdosik, Associate Professor
Physical Therapy Program
University of Montana

Richard L. Gajdosik 2/17/87

As a representative of the Professional Physical Therapy Program at the University of Montana, I would like to speak in support of Senate Bill 31. I have been on the faculty at the University for 10 years. I helped plan and implement the Program, which was first accredited by the American Physical Therapy Association in 1981, and is currently fully accredited. The Program was developed in response to both student needs and the health care needs of the State.

We seek to prepare physical therapists to deliver services primarily in a rural setting. so we select mature, highly qualified students. Their average age is 27 years, their average GPA is 3.5 (on a 4.0 scale), and as a group, their performance on the national professional licensing examination is among the highest in the nation.

Our goal is to produce independent thinking, competent practitioners. To achieve this goal we prepare students to evaluate neurological, musculoskeletal, and related cardio-respiratory functions, and to determine the appropriate physical therapy procedures to maintain or restore strength, range of joint motion, and improve functional levels. Our students complete courses in anatomy, physiology, neuro-anatomy, pathology, physical therapy sciences, and medical sciences. They learn the signs and symptoms of both normal and abnormal functions of the body. We teach the students to perform complete evaluations before they implement a physical therapy program. They first collect subjective and objective information. Only after assessing this information do they develop a plan of treatment. They are instructed to recognize the limits of our scope of practice, and they learn to consult with other members of the health team when questions arise or when signs and symptoms are not consistent with those of expected movement dysfunctions. Through this education physical therapists are capable of autonomous practice in close cooperation with all members in the medical field.

The increasing number of scientific research publications documented in our professional journals demonstrates that we have accepted responsibility for generating our own body of knowledge; indeed the definition of a profession. The newest physical therapy procedures would be implemented more effectively by allowing patients direct access to physical therapists.

In summary, the quality of the students entering our program, as well as other programs throughout the country, and the direction they receive in their education, produces competent, independent thinking practitioners who work well in the medical community. I urge you to allow the public direct access to the expertise of physical therapists by voting to pass Senate Bill 31.

Medical Associates, P.C.

A Professional Corporation

SEVEN EAST BEALL, BOZEMAN, MONTANA 59715

PHONE: 406-587-5123

Family Practice

Norman A. Fox, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

John S. Patterson, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Robert J. Flaherty, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Leonard R. Ramsey, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

DATE 1/9/87

BB #51

Pediatrics

Paul H. Visscher, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

Eric Livers, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

James R. Feist, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

Todd D. Pearson, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

January 9, 1987

Senate Public Health Committee
Capitol Building
Helena, MT 59604

Dear Committee Members:

A bill before the Legislature would allow the public greater access to the services of Physical Therapists. Currently, the public has free access to the rudimentary physical therapy offered by Chiropractors, who lack training in traditional medical disciplines. Physical Therapists, on the other hand, are trained in and familiar with traditional medical concepts of physical therapy and could provide much more appropriate treatment for patients. If the case can be made for the public's free access to Chiropractic care, then there is no question that the public can clearly benefit from freer access to the care of registered Physical Therapists.

Sincerely,



Robert J. Flaherty, M.D.

RJF:sw

ORTHOPEDIC ASSOCIATES OF BOZEMAN, P.S.C.

206 NORTH GRAND
BOZEMAN, MONTANA 59715
PHONE 587-5546

E. LEE BLACKWOOD, M.D. FRANK W. HUMBERGER, M.D. BERNARD M. VARBERG, M.D.

January 15, 1987

Legislators of the 50th Session
State of Montana
Capitol Building
Helena, MT 59620

Dear Sirs:

After reviewing Senate Bill No. 31, an Act allowing direct patient access to physical therapy and amending Section 37-11-104, M.C.A., I wish to state that I am in favor of this bill allowing physical therapists to evaluate and initiate treatment of patients without the direct prescription of services by a physician. I feel that physical therapists in general are much better trained than chiropractors who have direct access to patient evaluation and care. It has been my experience that they use good judgment in their evaluation and treatment plans and are prompt in referral if they are concerned or have a problem. I feel good in giving my unqualified support for this bill and would encourage its passage.

Sincerely,



Frank W. Humberger, M.D.

FWH/mj



MONTANA CHAPTER

OF THE

AMERICAN PHYSICAL THERAPY ASSOCIATION

EXHIBIT # 15

DATE 2-17-84

BB # 51

To: House Human Services and Aging Committee

Re: Senate Bill 31, An Act Allowing Direct Patient Access to Physical Therapy

Understanding the benefits to the public that Senate Bill 31 can provide by allowing the public direct access to physical therapy, to a large part requires the understanding of the profession of physical therapy. What is physical therapy and what do physical therapists do?

First of all physical therapy is an integral part of the medical system. This is certainly demonstrated by our history and development over the last 68 years. Through this, the philosophy which guides physical therapy care has arisen out of medical and physical therapy research.

Physical therapy is not a new profession but rather one that is 68 years old. Through those years and as the profession has expanded physical therapists have provided a safe quality care to millions of patients. Our history indicates clearly that we have effectively treated patients and this bill will not change that particular aspect of physical therapy care. In actual practice, physical therapy care, as provided by licensed physical therapists, is done totally under the careful hands and decision making of the treating physical therapist.

Physical therapy is a profession that is rapidly expanding. Utilization is also rapidly increasing. The public, as well as other health care providers are realizing that for many patients, with a variety of problems and conditions, physical therapy provides a long term solution to their problem.

Physical therapists have considerable expertise in recognizing and treating limited bodily function resulting from musculoskeletal or neurological conditions. Physical therapy, and physical therapists, hold the philosophy of evaluating, treating, and educating patients to achieve optimum function as soon as possible. Perhaps most importantly physical therapists are able to expertly advise, and educate, individuals to understand their condition as well as how activities they do throughout the day working or recreating can effect the continued stress on the body that could result in prolonged injury. Physical therapy has an important preventive emphasis that in the long run can be very cost effective to consumers and third party payors.

Physical therapy is a team oriented profession. We are very cognizant of the skills of other professionals and will continue to work closely with those professionals with the primary goal of quality, effective patient care. Certainly core to that team approach is continued and ongoing consultation with the patient's physician.

Physical therapy is a profession made up of individuals that share the same internal and external problems and concerns as other professions. We have a vast majority of individuals that work hard to advance the profession for better patient care and certainly in the present health care environment for cost effective care.

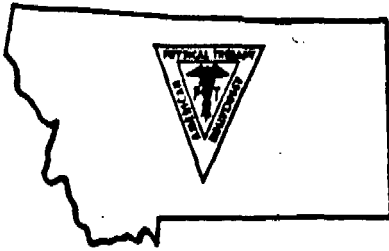
Senate Bill 31 allowing direct patient access to physical therapy will not change the scope of physical therapy practice in Montana. Physical therapists will continue to practice physical therapy only, a field that only physical therapists are best educated in. We know our profession well and we also know the boundaries that limit our profession. The long history of our referral and communication relationship will continue with physicians and other health care providers for quality patient care. For those individuals who choose to seek the services of a physical therapist initially to address their problems, Senate Bill 31 certainly provides them that right which could result in early intervention and safe and effective outcomes.

Physical therapy is a profession that can be trusted. It is a profession that has provided considerable benefit to the public for years and it is a profession that the public should have direct access to. I urge you to support Senate Bill 31 that will allow direct patient access to physical therapy.

Respectfully,



Gary Lusin



MONTANA CHAPTER
OF THE
AMERICAN PHYSICAL THERAPY ASSOCIATION

EXHIBIT 1126
DATE 2-17-87
BB 1131

February 17, 1987

RE: Senate Bill # 31
Clay Edwards, Physical Therapist

TO: Mr. Chairman and members of the House Human Services Committee

I want to briefly explain to you what I believe the passage of this Bill will do to the practice of physical therapy and what portion of the public will most benefit from the passage of this legislation.

During the two and one-half years that our state association has been drafting this legislation it has been, and still is, my personal belief that the practice of physical therapy will not change dramatically with the passage of this bill. We will continue to see 80-90% of our patients by means of physician referral. We will continue to have the very close working relationship we have always had with physicians.

The members of the public that will be dramatically and positively affected fall into several groups. There will be a major improvement in treatment for handicapped school children. Physical therapists are the only members of that treatment team that need a physicians referral. I personally have now waited $3\frac{1}{2}$ months for a surgical report and doctors referral from a childrens hospital so I can legally and safely commence treatment for a student.

Another group that will benefit by cost and time savings by going directly to a physical therapist are those patients with chronic physical problems. Patients with arthritis, nonoperable neck and back pain, nonacute strokes and many other chronic disabilities will be able to get immediate treatment. In reality, many of these patients now go directly to the physical therapist and the referral is only a telephone call to the doctor from the therapist.

Injury prevention is rapidly becoming a major focus of business and industry. Physical therapists are ideally educated to present low back injury prevention seminars and are indeed doing so. These seminars have the potential of reducing workmens compensation claims and payments considerably. Am I currently breaking the law when I present these programs? Possibly. I certainly am when the inevitable employee remains to ask what they can do for their chronic low back problem. My statements to him are now treatment and are illegal. I believe

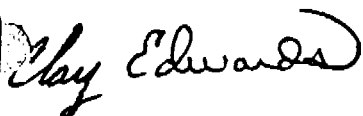
Re: Senate Bill # 31
Clay Edwards
page 2

Physical therapists are the most qualified persons in a community to present this information but we are about the only ones that cannot lawfully do it.

The last group that I want to single out is the public in general. There is now a major emphasis on wellness and health promotion in our society. Any physical education teacher, aerobics instructor, YMCA employee, or anyone else can open shop and instruct and counsel people on diet and exercise with almost no training. In most rural Montana cities and towns, the physical therapist or physician are the most qualified persons to present this information. The physician does not have the time and this antiquated referral requirement prevents me from doing it.

I urge you to give this bill a do pass recommendation from this committee. The referral requirement for physical therapy has outlived its need and is now preventing good medicine rather than promoting it.

Sincerely:



Clay Edwards, Physical Therapist
Dillon, Montana

December 16, 1986

Mr. Gary Lusin
President
Montana Chapter
American Physical Therapy Association
c/o Bozeman Physical Therapy Center
300 North Willson
Bozeman, Montana 59715

Re: Practice Without
Referral

Dear Mr. Lusin:

Our firm as a major administrator of Professional Liability insurance for physical therapists has been monitoring claims in those jurisdictions where practice without referral is allowed; specifically, Arizona, California, Maryland, Massachusetts, Nebraska, Nevada, North Carolina, Utah and West Virginia. It is my understanding that California and Nebraska are jurisdictions in which the therapist has been able to practice without referral for a considerable period of time. As of this writing, we have no firm evidence that practice without referral has had a negative impact on Professional Liability.

It would be normal, from an underwriter's approach, to expect that when the therapist is practicing independent of the physician, claim experience might be less favorable than that where a physician is involved. Again, we do not find this to be the case at the present time. I can only suggest to you that the professional therapist utilizes every viable tool available in order to provide the patient with the best care possible. I would also suggest that in those areas where practice without referral has been allowed, the truth of the matter is that the therapist counsels with the physician

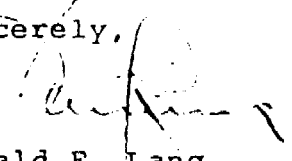
Dear Mr. Lusin:

December 16, 1986

in cases where there would be any questions whatever as to what might be proper in the handling of that patient. The less professional therapist is going to be more subject to losses with or without the restriction of requiring physical referral.

The number of incidents in the entire physical therapy area has been steadily increasing, as have been the dollar values of judgments in malpractice actions. These two factors in addition to others have had a negative effect on the pricing of Professional Liability coverage for physical therapists, but again that effect seems to be across-the-board and not a function of practicing with or without a referral. It is our intent to continue to monitor our therapy program. Should we notice any significant change in those areas where practice without referral is allowed, you may be assured that we will contact you personally.

Sincerely,



Donald F. Lang

DFL/cc

CC: Jerome Connolly
Physical Therapy Clinic

KENNETH V. EDEN, M.D.

INTERNAL MEDICINE - GASTROENTEROLOGY

EXHIBIT 28
DATE 1-17-87
BB 14 51

MEDICAL ARTS BLOCK
121 N. LAST CHANCE GULCH, SUITE G
HELENA, MONTANA 59601

TELEPHONE
(406) 442-1994

January 9, 1987

Members of Public Health Committee
State Senate
Helena, MT 59601

Dear Senators:

I would like to express my support for Senate Bill 31 regarding free access of patients to the care provided by Montana physical therapists.

In my own practice many patients are referred by me for evaluation by a physical therapist, and I have found them as a group to be well trained, conscientious and to render their services in a very professional manner.

In reality, many patients self refer to a physical therapists and then request authorization retrospectively. In almost all cases, I do this.

I think the present law is unrealistic and discriminates unfairly against physical therapists since patients have free access to others in the health care field such as chiropractors, acupuncturists, optometrists, naturopaths, and etc. Among these groups, I think the physical therapists are perhaps the most likely to refer patients whose problems are outside their area of expertise.

I think the risk of physical therapists failing to recognize a problem that is beyond their area of expertise is a real one but certainly no more so than it is for physicians or any other health professional. I think one must rely on professional integrity of which physical therapists as a group have demonstrated an ample amount.

Sincerely yours,

Kenneth V. Eden, M.D.

KVE/dr

MONA JAMISON
ATTORNEY AT LAW

PO BOX 10000, BUTTE, MONTANA 59701
PO BOX 10000, BUTTE, MONTANA 59701
PO BOX 10000, BUTTE, MONTANA 59701

(406) 462-3351

DATE 2-17-67

February 17, 1967

House Human Services and Aging Committee
Capitol building
Helena, Montana 59604

RE: Senate Bill 31

Dear Chairman Gould and Committee Members:

For the record, I just wish to state that as the title and body of Senate Bill 31 indicate, there is nothing contained in either which directly or indirectly amends section 39-22-111, MCA.

Sincerely,

Mona Jamison

Mona Jamison
Lobbyist
Montana Chapter of the
American Physical Therapy
Association

Submitted by: Dr. Lee Hudson
Great Falls, Montana

February 11, 1987

Senators of this committee; good afternoon.
My name is Dr. Lee Hudson. I am a Board Eligible Chiropractic Orthopedist and a member of the Board of Directors for the Montana Chiropractic Association. I practice in Great Falls.

I would like to make it clear that we do not want to attempt to prohibit anyone from practicing the profession which they are trained for. The question at hand today is not whether the Physical Therapy profession is a worthy profession. It has a proven place in the health care community. The question we must ask today is whether the Physical Therapy profession has the education and training, most importantly in diagnosis, to become a portal of entry/primary health care provider. For the first and most important step in treating the human body is making a proper diagnosis. Only after a proper diagnosis has been made, can a treatment plan be formulated.

I have researched the similarities and differences in education between my profession (Chiropractic), and the Physical Therapy profession. I have not included the Medical profession in my research, however, Medicine and Chiropractic have comparable educational requirements.

I have obtained course curriculums from two major Physical Therapy programs, (Utah and Washington), and the curriculum of my Alma Mater (Northwestern College of Chiropractic).

1. Both Chiropractic and Physical Therapy require a minimum of two years pre-professional training.
2. Chiropractic profession training is a four year program. Physical Therapy professional training is a two year program.
3. The Physical Therapy programs researched were comprised of between 880 and 1,110 total hours of education. The Chiropractic program researched was comprised of 4,411 total hours of education. This is 4 times the total class hours.

PUBLIC BENEFIT OF DIRECT ACCESS

SCHOOLS

Direct access allows physical therapy treatment directly to handicapped school children and care at athletic events and sports programs.

BUSINESS AND INDUSTRY

Business and industry can effectively use physical therapy in reducing work-related injuries.

PUBLIC

General public can consult directly with physical therapists regarding wellness and fitness programs.

- Early intervention means early return to work and regular activities by decreasing the time between injury and treatment.
- Individuals with recurrent problems who benefit from physical therapy can seek physical therapy directly without delay.

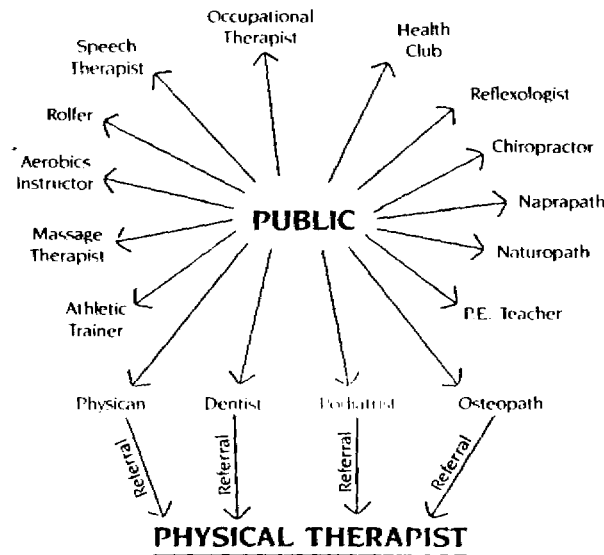
COST CONTAINMENT

Health promotion and wellness programs help contain spiraling costs of health care. In treatment, emphasis is given to educating patients in self-care and management of their condition, as well as preventing further injury.

SENIOR CITIZENS

Seniors and their families can call upon a physical therapist directly to assist in raising the quality of life and level of independence.

CURRENT SITUATION



Of all these services available to the public, ONLY PHYSICAL THERAPY is under the referral requirement of another profession. This referral requirement limits patient access to the benefits of physical therapy.

PHYSICAL THERAPY EDUCATION

All physical therapists are graduates of accredited degree – granting university programs. Many therapists hold advanced degrees.

Strong academic and clinical course-work is progressively encountered to enhance evaluation and treatment planning skills.

Evaluation skills include the recognition of conditions, signs and symptoms that should be referred to another health care practitioner.

PUBLIC PROTECTION

Physical Therapists are licensed in all 50 states with state boards possessing investigative and disciplinary powers.

State law requires compliance with standards of practice of physical therapy.

State and national professional associations with judicial and disciplinary committees provide further measures for public protection.

Physical therapists will continue to work closely with hospitals, physicians and other health care practitioners to provide quality patient care.

The history of direct access to physical therapy in other states demonstrates no increased professional liability exposure or frequency of claim as a result of legislation allowing direct access.

Last but probably most importantly;

4. Chiropractic education includes 1,260 classroom hours which are directly related to diagnosis. The Physical Therapy programs researched contain between 120 and 180 hours of courses which can be related to evaluation or diagnosis.

I would also like to point out that the education of a Physical Therapist contains 0 hours in x-ray diagnosis; a very valuable tool.

L. F. Huder, D.C.

CHIROPRACTIC SUB
IN NEW ZEALAND REPORT

1979

129

Chapter 26. THE GENERAL PHYSIOTHERAPY
SUBMISSION

INTRODUCTORY

1. The New Zealand Society of Physiotherapists, in association with the New Zealand Manipulative Therapists' Association and the New Zealand Private Physiotherapists' Association, was represented at almost all hearings of the Commission. The submission of the society (Submission 75), including the material supplied in connection with it, was most useful to us. The society also helped to provide experts from overseas.

2. Although the conclusions reached by the New Zealand Society of Physiotherapists and its associated groups were not in favour of chiropractic, we should like to record that the stand taken was a constructive one. The physiotherapists saw themselves as critics of chiropractic, not enemies. It did seem, too, that some day all specialists in manual therapy, whatever their background, might be able to work together in further research. However, at present, physiotherapists are aligned with the Medical Association in opposing the provision of health benefits for chiropractic patients.

3. It was noteworthy that the group of physiotherapists specialising in manual therapy were responsible for preparing the material for the submission. They also presented it and were therefore available for cross-examination. This was valuable since, apart from the chiropractors, they were better informed on the use of manual therapy than any other group who appeared. Although, in general, they echoed the medical opposition, they were more specific and were also prepared to make suggestions about integrating chiropractic into the health system. They also saw the need for research into manual therapy.

EDUCATION OF PHYSIOTHERAPISTS

4. At this point something needs to be said about the education of physiotherapists and, in particular, of manipulative therapists since they maintain that they are capable of providing all the services now mainly performed by chiropractors.

5. A 3-year full-time course is offered for the Diploma of Physiotherapy. A third of the course (1200 hours minimum) is spent in clinical practice. The rest is made up of basic sciences, physiotherapy skills, clinical science, and elective studies. Shorter than the chiropractic course, it is also much less demanding. Those who enter training in 1979 and in subsequent years will probably have a preregistration year after graduation.

6. The education of the physiotherapist at present is the education of a paramedical. He is taught the basic sciences as a general background to his role within the framework provided by the referring medical doctor. Obviously, once he is in practice, hospital or private, his skill and confidence grow. It is in rehabilitation of the patient that the work of the physiotherapist has special importance, particularly in the hospital setting. His main methods of treatment are electro-therapy, therapeutic movement (remedial exercise), traction, massage, and mobilisation procedures. Certainly physiotherapy education, with no significant

BACKGROUND

Physical Therapists have worked very closely with, and under the referral of physicians since 1918. The early physical therapists were trained in hospitals for short periods of time to meet our country's needs following World War I. Now physical therapists are graduates of accredited university programs. Many hold advanced degrees.

Since 1918, physical therapy has grown to a respected and valuable health care profession with a record of effectively treating millions of patients.

Today's physical therapists are well-qualified by both education and clinical experience to evaluate a patient's condition, assess the physical therapy needs, safely and effectively treat the patient, and refer the patient to other health care practitioners when indicated.

Referring practitioners generally rely on the professional judgement and expertise of physical therapists to devise the most effective treatment plan. Allowing direct access to physical therapy is consistent with this general practice.

Over the past several years Montanans have become increasingly aware of the skill and reputation of physical therapists. Because of this, more and more people are requesting physical therapy services and many are frustrated to find they cannot go directly to a physical therapist for treatment.

Thank You for Supporting **DIRECT PATIENT ACCESS** to **PHYSICAL THERAPY** in **MONTANA**



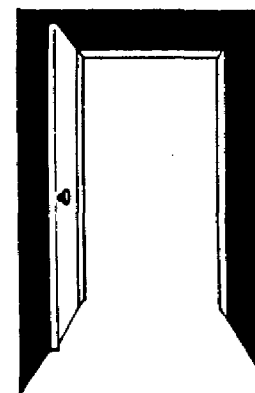
*Dedicated to serving
Montana's health needs.*

States allowing direct patient access to physical therapy include: Alaska, Arizona, California, Maryland, Massachusetts, Nebraska, Nevada, North Carolina, South Dakota, Utah, West Virginia.

Similar legislation is currently before 17 other legislatures.

EXHIBIT # 30
DATE 2-17-87
SB # 31

OPENING THE DOOR TO PHYSICAL THERAPY



AN ACT ALLOWING DIRECT PATIENT ACCESS TO PHYSICAL THERAPY

Information from:
**Montana Chapter
American Physical Therapy Association**

President: Gary Lusin, M.S., A.T.C., P.T.
Bozeman, 587-4501

Legislative Chair: Mary Mistal, P.T.
Billings, 245-6513

Lobbyist: Mona Jamison, Attorney
Helena, 442-5581

MONA JAMISON

ATTORNEY AT LAW

POWER BLOCK BUILDING, SUITE 4F
SIXTH & LAST CHANCE GULCH
POST OFFICE BOX 1698
HELENA, MONTANA 59624

(406) 442-5581

February 17, 1987

House Human Services and Aging Committee
Capitol Building
Helena, Montana 59604

RE: Senate Bill 31

Dear Chairman Gould and Committee Members:

For the record, I just wish to state that as the title and body of Senate Bill 31 indicate, there is nothing contained in either which directly or indirectly amends section 33-22-111, MCA.

Sincerely,



Mona Jamison
Lobbyist
Montana Chapter of the
American Physical Therapy
Association

ifferential diagnosis, does not fit physiotherapists to be primary health care. Moreover, we note that the staff of the schools are not highly qualified. Apart from part-time very few have qualifications beyond the physiotherapy

RAINING IN MANIPULATIVE THERAPY

e now to training in manipulative therapy, to use the term the physiotherapists. This is defined by them to be movement and their normal passive range. The basics are taught early, the last year is some limited instruction given in manipulation, joints of the spine. Both in New Zealand and in England the appeared to be elementary, even crude. At St. Thomas' in under Miss J. Hickling who has so much influenced New apists, the training appeared unstructured.

Zealand, physiotherapists wishing to specialise in this field ke the post-graduate course arranged by the New Zealand Therapists' Association. We have briefly discussed this in the course reaches the standards of the International Orthopaedic Manipulative Therapy and there is no doubt w Zealand practitioners are highly skilled.

The Commission has reservations about the way in which as a group acquire their manipulative training. They are in the hands of a few and at certain points are left away from supervision. The Commission has a similar reservation about those medical practitioners in training, in fact considerably less undertake spinal manipulation. We are gratified that the nearest source of manipulative therapy in New Zealand is the chiropractor. Training of physiotherapists in areas other than manipulative is them very valuable members of the health team. It would ey should concentrate their energies on promoting before dicating the benefits of physical therapy, and on improving standards.

CRITICISM OF CHIROPRACTIC

therapists oppose chiropractic because they question the ing of chiropractors and the scientific basis for their theories. way they shift their ground when trying to validate those ever, as we discuss later (chapter 38), the chiropractors ment in the basic medical sciences clearly exceeds that of the st and approaches that of the medical graduate. We deal ter 37 with criticisms of the underlying scientific basis of tself. As for the assertion that chiropractors "shift their have touched on the point in chapter 8, para. 17. It is an t leads nowhere. It can support the view that chiropractors t can equally support the view that they have the open- ach of the scientist.

therapists criticise the single modality of the chiropractor and to the latter's disadvantage, with their own range of is true that New Zealand chiropractors (though not orth American ones) confine themselves to manual therapy iotherapists may utilise heat, light, ultra-sound, and water.

However, unless physiotherapists wish to encourage a duplication of effort, we see nothing objectionable in the chiropractor's choice of a single modality in which he specialises as long as he is fully informed of the value of physiotherapeutic methods and of the circumstances where they are indicated. An open attitude towards referral between chiropractors and physiotherapists is the best safeguard against any difficulty that might arise.

13. Manual therapy in the hands of physiotherapists, it is explained, provides treatment for the extremity joints, not just the spine. Their practitioners offer a total musculo-skeletal therapy, whereas, it is claimed, chiropractors are limited to the spine. We have already stated that current chiropractic courses provide adequate training in extremity joint procedures (see chapter 38). There is no legal impediment to chiropractors treating extremity joints, and many do.

14. Physiotherapists are convinced of the value of manipulation and argue strongly in its favour. However, they see no need for undue sophistication in this field. "It is our stance that manipulation, useful as it appears to be clinically, should not be allowed to become shrouded in unnecessary sophistication which leads to overclaim inevitably and this is particularly so with regard to techniques" (Transcript, p. 1364). Clearly there are two distinct and strongly held points of view: that of the physiotherapist and that of the chiropractor.

15. The manipulative therapist learning his techniques as he does in a fragmented fashion, first very sketchily at a physiotherapy school, then in a course spread over 3 years or more in small sections, contends that while practice is essential there is little point in over-refinement of what is only a strictly limited range of techniques. The chiropractor, on the other hand, in his 4 or even 5 years at college has a much greater and more systematic exposure to techniques. He naturally believes that the expertise he achieves before he uses these techniques, unsupervised, on his patients, must with further practice give him a greater ability to help those patients. Besides, he tends to become a specialist in the one area, the spine.

16. It is claimed that chiropractors over-refine their skill. At the same time it is alleged that their technique consists mainly of the "dynamic thrust". This is claimed to be dangerous because it is a sudden high-velocity movement, the patient cannot see what is being done, cannot resist the thrust, and is therefore at the chiropractor's mercy. Until the Commission saw chiropractors at work it imagined from such descriptions that this was the only way the chiropractor operated while the physiotherapist/manipulative therapist with his gentle articulations, extensions, or mobilisations was a very different practitioner. The truth is that while the chiropractor's movements are indeed often very quick, perhaps more so than those of the manipulative therapist, they are also usually small and precise. The most forceful manipulations we saw were performed by manipulative therapists.

17. While the physiotherapists asserted that patients are often harmed by over-zealous manipulation by chiropractors, evidence in support was almost totally lacking and we find that chiropractic treatment is safe (see chapter 15). We have no evidence which would justify us in reaching any concluded view about the safety of spinal manual therapy carried out by practitioners other than chiropractors. It is astonishing how similar some of the perfected techniques are whoever the practitioners are. It is even more astonishing how unaware they are of this similarity. However, while there are a few physiotherapists and medical practitioners who are

especially skilled manipulators, ~~all chiropractors have more training and experience (they are indeed full-time manipulators) and on average can be expected to be more skilled and more effective.~~

PHYSIOTHERAPISTS AND MEDICAL PRACTITIONERS

18. As we have said, the general physiotherapist submission largely supports the views of the Medical Association. However, particularly from the closing address of counsel for the Society of Physiotherapists (Submission 134), it became clear that physiotherapists, especially the manipulative therapists, face certain strains in their relationship with the medical profession, some of their own making, some caused by the medical attitude to other branches of the health services. Sections of the medical profession have adapted very well to a changing role, others have still to recognise that health care services no longer consist merely of doctors and nurses. Yet as the natural leaders of the team, medical doctors must help more to define their own role and that of others. All members need to become more aware of the skills of the others. Inter-disciplinary co-operation and interchange need to be developed, especially at a formal level.

GENERAL

19. Three useful points emerged from the submission itself. First the value of manual therapy performed by a trained and experienced practitioner, secondly, the continuing need for communication and co-operation among the different practitioners, and, thirdly, the need for more clinical research in manual therapy.

20. Whether the ordinary physiotherapist or even the manipulative therapist will want to extend his role to become a primary health care provider, as appears to be the desire in the United Kingdom, Canada, and Australia, will be a matter for the profession. If this is what it wishes, the training programmes would have to be considerably extended particularly in the area of diagnosis.

21. In the main submission and especially in counsel's closing statement, a plea was made for provision within the State-supported education system of high-level training in manual medicine. Certainly, as we have said, the future of the present manipulative therapists' training programme in New Zealand seems somewhat insecure: those organising it are unable to obtain Government funding for it. In the Commission's view this denial of Government funding could be justified on the ground that the manipulative therapy programme involves a duplication of the training in manipulative therapy conducted much more effectively in the chiropractic colleges. ~~Certainly nothing we have heard about the manipulative therapy programme convinces us that it can be compared in quality with the thorough full-time training over a period of years undergone by the chiropractor.~~ In our opinion, if there is to be any question of Government funding for manipulative therapy education, it would be better allocated to bursary assistance to enable physiotherapists who wish to broaden their horizons to attend the Preston Institute in Melbourne. The Preston Institute, by the same token, might wish to consider whether the holder of a Diploma in Physiotherapy might receive some credits towards the chiropractic degree course.

22. In the Commission's view, the future of spinal manipulation, manual therapy, lies primarily with the chiropractic profession, but we should like to think, in close co-operation where necessary with the physiotherapists. We have more to say on this subject in chapter 45.

EXHIB - 33
DATE
SB

CAPITAL CHIROPRACTIC CENTER

1732 PROSPECT AVENUE
BILFENA, MONTANA 59601

GARY P. BLOM, D.C.
PHILIP A. BLOM, D.C.

(406) 449-7458

February 17th, 1987

The Montana Chiropractic Association believes that the physical therapists definitely are not qualified to diagnose or evaluate. Their education does not teach this and therefore they do not have the qualificaitons.

Many pathologies can mimic musculo-skeletal problems, therefore it is essential that a differential diagnosis be made. In addition to physical, neurological, and orthopedic testing, a radiographic examination should be utilized.

Physical therapists do not have the qualifications to perform or interpret x-rays. Many cancers, fractures, and other abnormalities are found through use of x-ray. These are various contraindications to using physiological therapeutics such as heat, massage, ultra-sound, and mobilization especially if certain disease processes are present. These contraindications of treatment must be pointed out through precise diagnosing. We believe that this legislation is not in the best interest of public health.

Handwritten signature: P. Blom

EXHIBIT 134
DATE 2-17-87
RB 113

MONTANA CHIROPRACTIC ASSOCIATION

TESTIMONY, SENATE BILL 31
SUBMITTED BY: BONNIE TIPPY
MONTANA CHIROPRACTIC ASSOCIATION
FEBRUARY 17, 1987

The major question raised by the proponents of this legislation is one of fairness. Is it fair that many types of health care providers can offer direct access to their patients while physical therapists cannot. But, I would like to point out to this committee that all of the other health care providers mentioned by the physical therapists are not licensed by the state of Montana. When this legislature chooses to license a profession, it is a major step. It is a "stamp of approval" on the practices of that profession, and a promise to the people of Montana that those people will be regulated and will only be allowed to practice within the scope of their education and their practice act.

Excepting acupuncturists, who will be significantly impacted by legislation introduced this session, no other licensed health care providers in the state of Montana can provide direct services to patients with bachelors level training only. None. Not speech pathologists and audiologists, not psychologists, nurses, chiropractors, social workers or any other licensed professionals. What you would be doing with this bill is unprecedented.

You've heard testimony describing the lack of education of physical therapists and their inability to diagnose. By law they cannot take x-rays or do diagnosis. You have heard many promises today regarding diagnosis, that indeed, if a diagnosis is needed the physical therapists will refer the patients back to a medical doctor.

I would ask you this. How can any treatment be done before a diagnosis is made? This whole process seems rather backwards to me. If the physical therapists are going to do what they say, and indeed refer patients back to a medical doctor for diagnosis, then aren't we just adding a step to the whole process instead of eliminating one? I think that we need to be realistic. They will be doing diagnosis, and they don't have the educational background to do it.

Another issue is that of health insurance. It is true that this bill does not make health coverage of physical therapy mandatory. Most health insurance contracts cover for physical therapy treatments if those treatments are prescribed by a medical doctor. So, if a patient goes directly to a physical therapist for treatment, and they do have health

insurance, if that physical therapist is really doing his or her job, they will refer them straight back to a medical doctor for a prescription so that the services will be covered by health insurance. Once again, instead of eliminating a step in the process, we have added one. Or, perhaps the patient will remain unaware of his health coverage limitations and will receive the unhappy surprise of having to pay for the services himself.

We believe that the issue here is fairness, fairness to the consumers of Montana. If we are going to pass legislation such as this, I urge that an amendment be added to the bill which will require additional training and education in the area of diagnosis as a provision for direct access privileges. We have a rough draft of an amendment here, but we would like some more time to word it adequately. We have discovered that 28 universities and colleges throughout the United States offer master's degrees in Physical Therapy, and feel that at the very least, a master's degree should be required for these privileges. I am submitting a list of those Universities for your information. More education is certainly available.

I would ask that a subcommittee be formed in order to more carefully consider this legislation and possible amendments which would, indeed, make it a piece of legislation that is fair to everyone. With the crush of time that you are under right now prior to transmittal, we realize that your time needs to be spent acting on House bills. Since this is a Senate measure, there is a lot of time to give this matter adequate--and fair--consideration.

EXHIBIT A-38
DATE 2-17-41
BB A-31

UNIVERSITIES OFFERING MASTERS DEGREES IN PHYSICAL THERAPY

University of Wisconsin, Maddison
University of Washington, Seattle
Old Dominion University, Virginia
University of Alabama, Birmingham
University of S. California
University of Florida
University of Emery, Atlanta
Georgia State University
Medical College, Georgia
N.W. University Medical School, Chicago
University of Indianapolis
University of Iowa
University of Kentucky
University of Boston
Mass. General Hospital Institute of Health Professionals. Boston
N.E. University, Boston
University of Minnesota
Washington University School of Medicine, St. Louis
S. U. N. Y. Buffalo
Teachers College, Columbia N. York
Long Island University, Brooklyn
New York University
University of North Carolina
Ohio State University
Hahnemann University, Philadelphia
Temple University, Philadelphia
University of Pittsburg
Texas Womens University, Denton
Virginia College. Richmond.

EXHIBIT 431
DATE 2 11 51
BB 11 31

Good Morning:

My name is Stanley Rosenberg and I've come to speak in
favor of Bill Number 31.

From 1965 to 1978, my employment with the Public Health service was either related to the hospital or long term care environment. In the early 70's, I was assigned by the Hill-Burton Program of the then HEW, to a Rehabilitation Hospital in Mass. I have had the opportunity to work with two Institutes of Physical Medicine, one in New Jersey (the Kessler Institute) and the Rusk institute in New York. I also have a chronic low back problem and utilize P.T. services about twice a year. Therefore, my experience with practicing physical therapists and physicians who order physical therapy is not insignificant. I speak to you now both as a person with some experience both as a health care provider and as a consumer.

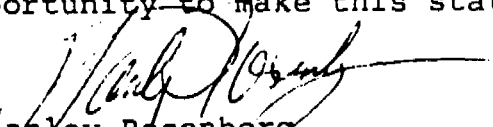
By and large, most physicians I have encountered order physical therapy on a prescription blank with the words "P.T as indicated" or "P.T as required". In essence they are saying to the therapist, "You diagnose the problem, it's extent and provide the appropriate therapy."-- i.e., electric stimulation, massage, stretching, cold, heat etc, or any combination thereof.

I said by and large, since the only physicians I've ever seen or worked with who specified treatment modalities and areas of concentration were those who specialize in Physical Medicine, i.e., Physiatrists. I would suspect those who practice Sports Medicine do the same. But they too study Physical Medicine.

In essence then, going to a Family Physicians' office or an Internists office for a diagnosis and referral receive for their efforts a bill for the referral. Whereas if one went to the P.T and allowed them to make the determination of whether or not P.T. would be indicated, all insurance companies including medicare and medicaid as well as our own pockets would save money. The P.T. is trained to know what he or she doesn't know. They will and do refer to medicine those problems which require medical diagnosis and care.

In short, if I were required to see a physician every time I have a low back problem, I would wind up on the short end of the stick. I will need two referrals, one to the MD who will then refer me to the PT for "PT as needed", two trips, pay twice and keep the pain at least one extra day. In a sense, I'm fortunate to have a physician in Bozeman who allows me to call my Therapist for treatment. The therapist then asks for a prescription from the physician. Since they practice in the same building, and since my physician is enlightened, the system we have worked out satisfies all concerned.

I thank you for the opportunity to make this statement.



Stanley Rosenberg
4720 Itana Circle
Bozeman, MT 59715

Human Services And 7:30 p.m.
Aging Committee
February 17, 1987
Page Four

REP. SANDS asked REP. KITSELMAN why he wanted to eliminate the penalty for someone who smokes where he is not supposed to be smoking. REP. KITSELMAN replied that it is very difficult to enforce that law.

The question was called for on REP. KITSELMAN'S amendments. At this point in the meeting, REP. KITSELMAN withdrew his amendments.

The question was called on REP. MC CORMICK'S DO NOT PASS motion; the motion FAILED with 8 favorable and 9 opposing votes. (Roll call # 2). CHAIRMAN GOULD said without objection the committee would revert to REP. RUSSELL'S DO PASS motion.

ACTION ON SENATE BILL NO. 31:

REP. KITSELMAN moved DO PASS. Amendments to SB # 31 were handed out at this time. See EXHIBIT # 1. REP. KITSELMAN said he saw the amendments as a turf battle between the chiropractors and the physical therapists. CHAIRMAN GOULD explained that the amendments would strengthen the education requirements of the physical therapists. The question was called on REP. KITSELMAN'S DO PASS motion; a voice vote was taken; the motion CARRIED with REP. MC CORMICK voting no.

ACTION ON HOUSE BILL 542:

REP. KITSELMAN stated that the gray copy was a complete rewrite of HB # 542 and that he was having difficulty figuring it all out. He then moved to table the bill. CHAIRMAN GOULD stated it was a non-debatable motion. A roll call vote was taken (Roll call # 3), the motion CARRIED with 12 favorable and 5 opposing votes.

ADJOURNMENT: There being no further business to come before the committee the meeting was adjourned at 8:37 p.m.

R. BUDD GOULD, CHAIRMAN

STANDING COMMITTEE REPORT

FEBRUARY 17,

19 67

Mr. Speaker: We, the committee on HUMAN SERVICES AND AGING

report SENATE BILL NO. 31

☐ do pass
☐ do not pass

☒ be concurred in
☐ be not concurred in

☐ as amended
☐ statement of intent attached

REP. R. JUDG GOULD,

Chairman

ALLOWING DIRECT PATIENT ACCESS TO PHYSICAL THERAPY

FIRST

reading copy (WHITE)
color